

Welsh Valley Middle School HSA

EXPENSE REIMBURSEMENT FORM

Instructions:

1. Complete this form
2. Attach receipts, highlighting relevant reimbursement items and verify that the amount matches the total on this form
3. Mail or drop off this form and the receipts to the HSA Treasurer's box in the school office
4. Email Treasurers **Kristie Gehlhaus** (kristengehlhaus@yahoo.com) and **Jen Kelly** (jenniferkelly00@gmail.com) to let them know to expect this form

Event/Purpose of Expenditure: _____

Item (Description)	Amount
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____
5 _____	\$ _____
6 _____	\$ _____
	TOTAL \$ _____

Submitted By: _____ Date: _____

Check Payable To: _____

Mailing Address: _____

Email: _____ Phone: _____

Treasurer's Record:

Check #: _____ Date: _____