

ST. MARY HOME SCHOOL ASSOCIATION EXPENSE REIMBURSEMENT

*Members of, and participants in, any Home School Association Fundraiser may receive a check reimbursement for their applicable expenses only by completion and submittal of this form with original receipts and approval of the HSA Treasurer, **Dina Alogna** (hsatreasurer@smsmilford.com).*

EVENT NAME: _____

SUBMITTAL DATE: _____

EVENT ORGANIZER INFORMATION:

Receive check via: (choose one)

NAME: _____

Backpack mail

ADDRESS: _____

Child's Name _____

Grade # _____ Room # _____

EMAIL: _____

Pick up at SMS Office

PHONE: _____

Mail check home

DATE	DESCRIPTION OF EXPENSES	TOTAL
Subtotal:		
Less: Advances		
Total Reimbursement:		

*Event Organizer Signature: _____

Treasurer Use Only: Check # _____ Date Paid: _____