

St. Thomas More HSA

Committee Reimbursement / Check Request Form

Committee Name _____

Committee Account Code (required, see list below) _____

Description of Expenditure	Purchase Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<i>Attach additional sheet if needed</i>		Total \$ _____

Make check payable to _____

Select a delivery method

Hold check in office for pick up by _____

Kidmail (child's name & classroom) _____

Mail check from office (name & address where check should be sent)

Requester signature _____ Date _____
(if not committee chair)

Committee Chair approval _____ Date _____

HSA Treasurer/President approval _____ Date _____

***Please submit form and receipts to the HSA mailbox in the school office within 30 days of expenditure.
 Original receipt(s) totaling the amount for reimbursement must be attached.
 Receipt(s) must show vendor name and date of purchase.***

Committee codes

- | | | |
|------------------------------|-------------------------------|--------------------------|
| 293 Academic Enrichment | 285 Cultural Enrichment | 361 Shopping Cart |
| 288 Auction | 307 Environmental Stewardship | 286 Social |
| 231 Book Fair | 297 Executive | 289 Special Fundraisers |
| 290 Building & Grounds | 292 Grade Parent | 303 Teacher Appreciation |
| 284 Christmas Holiday Shoppe | 230 Halloween Carnival | 362 Uniform Resale |
| 306 Communication | 300 MS Social & Graduation | |