

ESCS Home & School Association Expense Statement/Report

Reimbursement for expenses related to HSA sponsored and approved activities or events, will only be made for items submitted within 30 days of the event and must include the original receipts.

Title of event:

Date of the Event:

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#	Date of Expense	Description (Vendor or Provider and Purpose)	Expense Incurred (\$)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL EXPENSES SUBMITTED:			

APPROVED BY:

ESCS Principal: (if over \$100.00)		Date:
Supervising Board Member		Date:
or		
HSA Treasurer:		Date:

Printed Name of Member requesting reimbursement:

Signature of Member requesting reimbursement:

Date

Payable To:

Address:

Phone:

E-mail:

*** Turn completed form into Supervising Board Member for approval. Board Member will forward form for approval and payment.

For HSA Use Only

Date reimbursement sent:

Check Number & Date:

Delivery method:

Event Code:

(U.S. Mail) (Hand) (Front Office) (Other)