

St. Andrew Apostle
Home and School Association

CHECK REQUEST AND REIMBURSEMENT FORM

Prior to incurring any costs, the Event Chairperson must contact the President, Vice President or Treasurer for prior approval.

Check Request and Reimbursement Forms must be approved by the Treasurer prior to processing. Please allow at least 10 days to process all check and reimbursement requests and deposit the completed form in the school lockbox labeled "HSA MAIL" next to the Parent Information Center.

Request date: _____

Event Name & Date: _____

Event Chairperson's Name: _____

Make check payable to:

Name: _____

Address _____

City _____ State _____ Zip _____

Amount of Request: _____

Description/Detail of Expenses: _____

Submitted by: _____

(please print clearly)

Phone: _____ E-mail address: _____

Name of Oldest Child/Teacher/Grade: _____

Approved by: _____