

**A S S U M P T I O N**  
**HSA TREASURER REQUEST FOR CHECK**

Complete form, **attach receipts**, and submit to **Moira Clarkin, H.S.A. Treasurer**, c/o School Office

NAME: \_\_\_\_\_ COMMITTEE : \_\_\_\_\_

PHONE: \_\_\_\_\_ # OF RECEIPTS: \_\_\_ DATE: \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

Brief description of expense:

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DISPOSITION OF FUNDS:

\_\_\_\_\_ Reimbursement of money spent -- please make check payable to me and send home with my child (Name:) \_\_\_\_\_ in Grade \_\_\_\_\_ A B C

\_\_\_\_\_ Please make check payable to the following vendor \_\_\_\_\_ and mail.

\_\_\_\_\_ Please make check payable to the following vendor \_\_\_\_\_ and return to me c/o my child \_\_\_\_\_ in Grade \_\_\_\_\_ A B C

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