

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

Complete form, attach receipts, and submit to Susanne Sweeney, H.S.A. Treasurer, c/o School Office

NAME: _____ COMMITTEE : _____
PHONE: _____ # OF RECEIPTS: _____ DATE: _____
TOTAL AMOUNT \$ _____

Brief description of expense:

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

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

Complete form, attach receipts, and submit to Susanne Sweeney, H.S.A. Treasurer, c/o School Office

NAME: _____ COMMITTEE : _____
PHONE: _____ # OF RECEIPTS: _____ DATE: _____
TOTAL AMOUNT \$ _____

Brief description of expense:

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