

ASSUMPTION SCHOOL
HSA TREASURER: REQUEST FOR CHECK

Complete the form, attach any receipts/invoices, and submit a hard copy to Corinne Karpack, HSA Treasurer, % School Office OR email to hsatreasurer@assumptionnj.org.

NAME: _____ COMMITTEE: _____

PHONE: _____ DATE: _____

OF RECEIPTS/INVOICES: _____ 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 directly to them.

_____ Please make check payable to the following vendor _____ and return to me % my child (name) _____ in grade _____ A B C