



HSA Treasurer Expense Reimbursement / Check Request Cover Sheet and Form

- 1. Please check box next to your HSA Treasurer contact.*
- 2. Attach to your report (ORIGINAL RECEIPTS ONLY).*
- 3. Deposit in HSA box outside the main entrance of the school.*

Antoinette Walsh (973) 610-2418

Alexandra Ward (702) 677-0839



SVMS HSA Reimbursement/Check Request Form
(This version is to be used as of September 30, 2022)

Instructions:

- Fill out and attach original receipts. Please submit to Committee Chair for review and approval.
- Send approved form and receipts in hardcopy to SVMS Office addressed to HSA Treasurers
- HSA Treasurers will review, approve, and submit to Parish Business Office for processing.

Questions? Please text/call HSA Treasurers Alex Ward @ 702-677-0839 or Antoinette Walsh @ 973-610-2418

Date:
Amount: \$ _____ HSA Budget Code: _____
Name of HSA Committee:
<u>Pay to Information:</u>
Name:
Address:
Mobile Number:
<u>Description of Expenses to be Reimbursed:</u>
<u>Submitted By Name:</u>
<u>Committee Chair Approval:</u>
Name: _____ Signature: _____ Date: _____

HSA Treasurer Approval:

Name: _____ **Signature:** _____ **Date:** _____

Notes: Check requests will be processed if this form is filled out with receipts attached, have been approved by the HSA Committee Chair and submitted in hardcopy only. Receipts for reimbursement should be submitted within two weeks of purchase and/or event. Check requests need a five-business day turnaround time.

Thank you for your cooperation!