

NATIVITY OF OUR LORD HSA REIMBURSEMENT FORM

Please complete form and submit with receipt/s for reimbursement to Maritza Ruh.

SALES TAX WILL NOT BE REIMBURSED. TAX EXEMPT FORMS ARE AVAILABLE IN THE SCHOOL OFFICE.

TOTAL REIMBURSEMENTS OVER \$100 MUST GET HSA PRESIDENT'S APPROVAL

Event Name: _____ Event Date: _____

Event Chairman: _____ Date Submitted: _____

Submitted By: _____ Email: _____

**Mail Check to: _____

*** Please note: Check will be processed by Key Web Banking. Checks will be sent in US mail.*

Item Purchased:	Purchased At:	Consumable or Reusable	Item Cost

GRAND TOTAL:

Signature of HSA President

****Only required for total purchases over \$100.00****

Signature of Submitter

For Office Use Only:

Date Paid: _____	Email Confirmation: _____
Check No. _____	Ledger Acct. No: _____