

HAMILTON HSA Check Request/Reimbursement Form

Your Name: _____ Date: _____
Phone #: _____ Email: _____
Child Name: _____ Child Grade/Classroom: _____

EXPENSE #1 (if request, attach an invoice; if reimbursement, attach a receipt)

Vendor: _____
Event Title & Detailed Description of Expenses (i.e. Movie Night – video, five dozen glow sticks and concessions, including two cases of water, variety box of chips and candy bars):

Make check payable to: _____ Amount: _____

EXPENSE #2 (if request, attach an invoice; if reimbursement, attach a receipt)

Vendor: _____
Event Title & Description of Expenses (i.e. Movie Night – video and concessions):

Make check payable to: _____ Amount: _____

Your signature: _____

Please return the signed form and related receipts/invoices to the HSA Co-Treasurer via email - hamiltonhsa.treasurer@gmail.com

**Check(s) will be handed over to the child through Ms. Miller unless otherwise communicated. If you would like to pick up the check directly from the Treasurer, please mention such details either in the email or at the top of this form.*