

Evans Elementary School
Home & School Association
125 Sunset Road
Limerick, PA 19468

Reimbursement Request

Your Name _____ Phone _____

Project/Category _____

Date Submitted _____ Date Mailed _____

Reason for Reimbursement _____

Included in annual budget..... or..... *Approved at meeting (date*)

Check Payable to _____ Amount \$ _____

Full Address (Your check will be mailed to you.) _____

Receipt(s) totaling the amount of reimbursement must be attached.

Approved by (HSA Officer) _____ Date _____

Approved by (HSA Officer) _____ Date _____

For Treasurer's Use Only

Category _____ Transaction ID _____ Deposit Date _____ Logged _____