

**BEAUMONT HSA
EXPENSE REINBURSEMENT / CHECK REQUEST FORM**

**All Expenses must be submitted to the Committee Chair for approval
Deposit completed forms in Treasurer's folder in school office**

Please submit expenses as they are incurred.
Fill out this form to request expense reimbursement or to have invoices paid.
Attach all receipts or invoices and retain a copy for your records.

Committee Name: _____ **Date:** _____

Make check payable to: _____

If check is to be mailed to a vendor, please indicate mailing address:

<u>Explanation:</u>	<u>Amount:</u>
_____	_____
_____	_____
_____	_____
_____	_____
<u>Total Requested:</u>	_____

Submitted by*: _____

Email: _____

Chairperson Approval: _____

*An email will be sent when the check is ready to be picked up

Treasurer – Jessica Weinberg **Email: bes.hsa.treasurer@gmail.com**
Assistant Treasurer – Kris Toscano **Email: bes.asst.treasurer@gmail.com**