

EXPENSE VOUCHER

School: _____ Event: _____ Event Date: _____

Date Submitted: _____

Prepared By: _____ Phone: _____

Email: _____

Check made payable to: _____

Address: _____

Backpack Mail: Child's Name: _____

School / Grade / Teacher: _____

Use of the Tax Exempt form (ST-5) is encouraged. This can be made available by your school VPs.

Date	Vendor	Items Purchased	Amount

TOTAL:

Receipts are **required** for reimbursement. DO NOT mix personal purchases with H.S.A. related purchases. THE H.S.A. GUARANTEES REIMBURSEMENT FOR QUALIFYING PURCHASES IF THE EXPENSE VOUCHER IS RECEIVED WITHIN ONE (1) WEEK OF THE DATE OF PURCHASE OR THE DATE OF THE EVENT, WHICHEVER IS LATER. ANY VOUCHERS SUBMITTED LATE MAY NOT BE PAID (EXCEPTIONS MAY APPLY AS DETERMINED BY A DECISION OF THE EXECUTIVE COMMITTEE.) THE H.S.A. WILL USE REASONABLE EFFORTS TO REIMBURSE ALL EXPENSES WITHIN 14 BUSINESS DAYS.

Signatures of Approval

Chairperson: _____ H.S.A. Officer: _____

Date Paid: _____

Check Number: _____ Treasurer Initials: _____