

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	From Budget

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: _____