THE BASICILIA SCHOOL OF ST. MARY HOME & SCHOOL ASSOCIATION

400 Green Street Alexandria, VA 22314 703.549.1646

EXPENSE REIMBURSEMENT REQUEST FORM

PLEASE NOTE: All reimbursement requests must be approved and received by the H.S.A. Treasurer within 30 days of the event or activity for which the expenses were incurred. Reimbursement requests received after 30 days will not be processed or honored. Please do not delay obtaining approvals and/or submitting your paperwork. Please send reimbursement requests to Joe Young via Backpack Mail (c/o Eleanor Young via Room K-8, Teacher: de Dios). If you have any questions, please contact Joe Young at <u>jbyoung26@gmail.com</u> or 703.868.0828. Thank you.		
H.S.A. Event/Activity:		
Date of Event/Activity:		
Date of Request:	Budget Previously	y Approved?: Yes No (circle one)
Description of Expense:		
AMOUNT REQUESTED:		
PLEASE NOTE: All related invoices a Please DO NOT submit copies of re	and/or ORIGINAL receipts MUST b	be attached for payment to be approved.
Requested by:		
Contact phone and e-mail:		
Make check payable to:		
Approvals: Committee Chair/Event Treasu Executive Board Member:	rer/(Signature and Posit	ion) (Date)
PLEASE NOTE: Reimbursement requests must be submitted with the appropriate signature as noted above: 1) Committee Chair, 2) Program Manager, or 3) Executive Board Member. If your request does not include the necessary signatures, it may be delayed or rejected. Please obtain proper approval signatures to avoid this.		
H.S.A. Treasurer:		
	(Signature)	(Date)
Principal:	(Signature)	(Date)
H.S.A. Activity Budget Coding:	(0.8	(*)
Student Activities:	Pancake Breakfast:	Fall Social & Fundraising:
Teacher Education:	Annual Fund:	Winter/Spring Social & Fundraising:
Credit Card Fees:	Auction:	Other:
Families in Service:	Christmas Trees:	
Hospitality:		