



HOME & SCHOOL ASSOCIATION (HSA)  
ST. JUDE THE APOSTLE SCHOOL

**REIMBURSEMENT REQUEST**

*Receipt(s) totaling the full amount of this reimbursement request must be attached and submitted **no later than 10 days** after the event.  
Please submit separate Reimbursement Requests for separate events.*

Committee Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Description of Expense: \_\_\_\_\_

Person Requesting: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Mail Check to (or other pick up info) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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For Treasurer's Use Only:

Category \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_