



St. Ignatius Catholic School Association Expense Reimbursement Form

Date: _____

Amount Requested: _____

Payee: _____

Payee Address: _____

Payee Phone #: _____

Activity/Event: _____

Description: _____

IMPORTANT

- Please attach original receipt(s) and/or invoice(s) and submit to the "HSA Folder" in the School office.
- Please allow 10-14 days for payment/reimbursement.
- The HSA does NOT reimburse for sales tax. Please show our State Tax Exemption letter when making purchases (copies are available from the HSA Treasurer, the HSA President and in the HSA binder at the School office).

<i>Treasurer's Use</i>	Check Amount:
Budget Category:	Check Number:
Treasurer/President Signature(s):	Check Date: