



Evans Elementary School Home and School Association

125 Sunset Road, Limerick, PA 19468

Reimbursement Request

Your Name _____ Phone _____

Project/Category _____

Date Submitted _____ Date Mailed _____

Reason for Reimbursement _____

Included in annual budget or *Approved at meeting (date _____)*

Check Payable to _____

Amount \$ _____

Full Address (your check will be mailed to you)

Receipt(s) totaling the amount of reimbursement must be attached.

Approved by (HSA Officer) _____ Date _____

Approved by (HSA Officer) _____ Date _____

For Treasurer's Use Only

Category _____ Transaction ID _____ Deposit Date _____ Logged _____
