

Mary of Nazareth HSA DISBURSEMENT OF FUNDS REQUEST

Date: _____

Funds to be paid to: _____

Amount: _____

Charge to committee/event: _____

Committee Chairperson signature: _____

* Preapproval by Executive Committee required for expenditures of \$100 or more *

Executive Committee signature: _____

Purpose of funds: _____

Itemize expenses below. Attach receipts for items already purchased; otherwise, attach invoice, price quote, or other supporting documentation.

Total: _____

DELIVER THE CHECK TO: _____

by US mail: _____

or (address)

by backpack mail: _____

(include child's name and class number)

Paid by HSA check # _____ / cash _____ Date _____

Funds received by: _____ Date _____

Signature

* Please note *

- Requests for reimbursement will be honored for up to 30 days past receipt dates.
- **Reimbursement to individuals may not exceed \$250 for out-of-pocket expenses.** Checks for greater amounts must be written directly to vendors.
- The expense for a single item may not be divided into multiple reimbursements of smaller amounts for the purpose of sidestepping the \$250 individual reimbursement limit.