

Mary of Nazareth HSA
2018-2019 School Year
DISBURSEMENT OF FUNDS REQUEST

Date: _____

Funds to be paid to: _____ Amount: _____

Charge to committee/event:

- | | | |
|--|---|---|
| <input type="checkbox"/> Back to School Picnic | <input type="checkbox"/> Class Activity Fee (CAF) – _____ (name class). | |
| <input type="checkbox"/> Chess Club | <input type="checkbox"/> Communications | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Cultural Arts (Field Trips) | <input type="checkbox"/> HSA In-House | <input type="checkbox"/> Emergency Kits |
| <input type="checkbox"/> Hosp. – Communion Rect. | <input type="checkbox"/> Hosp. – 8 th Gr. Recp. | <input type="checkbox"/> Hosp. – Grandparents Day |
| <input type="checkbox"/> Hosp. – HSA Meetings | <input type="checkbox"/> Hosp. – K Graduation | <input type="checkbox"/> Hosp. – May Crowning |
| <input type="checkbox"/> Hosp. – Family Coffee | <input type="checkbox"/> Hosp. – Open House | <input type="checkbox"/> Spirit Shop |
| <input type="checkbox"/> Sports – _____ | | <input type="checkbox"/> Staff Appreciation |
| <input type="checkbox"/> Staff Breakfast | <input type="checkbox"/> Teachers Resources | <input type="checkbox"/> W&M Family Activities |
| <input type="checkbox"/> W&M Fundraiser | <input type="checkbox"/> Other – _____ | |

REQUIRED Committee Chairperson signature: _____

* Preapproval by Executive Committee required for expenditures of \$250 or more *

Executive Committee signature: _____

Purpose of funds: _____

Be sure to 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: _____
(Preferred) (youngest child's name and class number)

*** Please note ***

- Requests for reimbursement should be made within 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.
- **Requests without required signatures and documentation will be returned.**

OFFICE USE ONLY

Paid by HSA check # _____ / cash _____ Date _____