

THE BASICILIA SCHOOL OF ST. MARY HOME & SCHOOL ASSOCIATION

400 Green Street Alexandria, VA 22314 703.549.1646

EXPENSE REIMBURSEMENT REQUEST FORM

ATTENTION: All reimbursement requests must be approved and received by the H.S.A. Treasurer within 30 days of an Event or Activity. Reimbursement requests received after 30 days will not be processed or honored. Please do not delay obtaining approvals and/or submitting your paperwork. Please make submissions or submit questions to Brian Persico at bpersico1@comcast.net or 703-201-9498. Backpack Mail: c/o Matt Persico Room 4-19

H.S.A. Event/Activity: _____

Date of Event/Activity: _____

Date of Request: _____ Budget Previously Approved?: Yes No (circle one)

Description of Expense: _____

AMOUNT REQUESTED: _____

****All Invoices and/or related receipts MUST be attached for payment to be approved.****

Requested by: _____

Contact phone and e-mail: _____

Make check payable to: _____

Address of recipient: _____

Approvals:

Committee Chair/Event Treasurer/ _____
Executive Board Member: (Signature and Position) (Date)

Reimbursement requests submitted without either 1) Committee Chair, 2) Program Manager, or 3) Executive Board Member signature may be rejected. Please obtain proper approval signatures to avoid this.

H.S.A. Treasurer: _____
(Signature) (Date)

Principal: _____
(Signature) (Date)

H.S.A. Activity Budget Coding:

Student Activities: _____ Pancake Breakfast: _____ Fall Social & Fundraising: _____

Teacher Education: _____ Annual Fund: _____ Winter/Spring Social & Fundraising: _____

Credit Card Fees: _____ Auction: _____ Other: _____

Families in Service: _____ Christmas Trees: _____

Hospitality: _____