

THE BASICILIA SCHOOL OF ST. MARY HOME & SCHOOL ASSOCIATION

400 Green Street Alexandria, VA 22314 703.549.1646

EXPENSE REIMBURSEMENT REQUEST FORM

PLEASE NOTE: All reimbursement requests must be approved and received by the H.S.A. Treasurer within 30 days of the event or activity for which the expenses were incurred. Reimbursement requests received after 30 days will not be processed or honored. Please do not delay obtaining approvals and/or submitting your paperwork. Please send reimbursement requests to Sarah Lyle via Backpack Mail (c/o Reece Lyle Room 3-26). If you have any questions, please contact Sarah Lyle at skmagruder@msn.com or 703.568.3114. Thank you.

H.S.A. Event/Activity: _____

Date of Event/Activity: _____

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

Description of Expense: _____

AMOUNT REQUESTED: _____

PLEASE NOTE: All related invoices and/or ORIGINAL receipts MUST be attached for payment to be approved. Please DO NOT submit copies of receipts, as they will not 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)

PLEASE NOTE: Reimbursement requests must be submitted with the appropriate signature as noted above: 1) Committee Chair, 2) Program Manager, or 3) Executive Board Member. If your request does not include the necessary signatures, it may be delayed or 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: _____