



SVMS HSA Reimbursement/Check Request Form

(This version is to be used as of September 30, 2024)

Instructions

- Fill out and attach original receipts. Please submit to Committee Chair for review and approval.
- Send approved form and receipts in hardcopy to SVMS Office addressed to HSA Treasurers
- HSA Treasurers will review, approve and submit to Parish Business Office for processing.

Questions? Please text/call HSA Treasurers Craig Livoti (914) 260-3984 or Gene Tortorello (973) 600-9481

Date:
Amount: \$ _____ HSA Budget Code: _____
Name of HSA Committee:
<u>Pay to Information:</u>
Name:
Address:
Mobile Number:
<u>Description of Expenses to be Reimbursed:</u>
<u>Submitted By Name:</u>
<u>Committee Chair Approval:</u>
Name: _____ Signature: _____ Date: _____

HSA Treasurer Approval:

Name: _____ **Signature:** _____ **Date:** _____

Notes: Check requests will be processed if this form is filled out with receipts attached, have been approved by the HSA Committee Chair and submitted in hardcopy only. Receipts for reimbursement should be submitted within two weeks of purchase and/or event. Check requests need a five-business day turnaround time.

Thank you for your cooperation!