Our Lady of the Assumption
Home & School Association Expense Reimbursement Request
Submit form with receipts/invoices to HSA Treasurer

Make check payable to: _____

Mail check to: _____

_____

Committee	Description	Total Expenses
Community and Hospitality		
Family Socials		
Fall Family Dinner/Book Fair		
Father/Daughter Sock Hop		
Grandparents Day		
Mother's Breakfasts		
Donuts with Dad		
Muffins with Mom		
Teacher Appreciation		
Luncheons		
Teacher Appreciation Week		
New Family Welcome		
Development and Fund Raising		
Annual Fund		
General Fund Raising		
Spiritual Life		
Classroom Support		
Spiritual Angels		
Mass Support		
Special Projects		
Community Support		
Missions		
Parent Support		
Adult Fellowship		
Families in Need		
Internal Committee Support		
Volunteer and Administrative Services		
Cultural Arts		
Uniform Committee		
Room Parent		
Volunteer Services		
Meet and Greet		
Other		
	TOTAL EXPENSES:	$ -

Signature: _____

Date: _____

Principal Approval: _____

**Principal must approve all reimbursements totaling $1,000.00 or more.

Date: _____

HSA Treasurer Signature: _____

Date: _____

For HSA Treasurer use only

Check Number:	Date:	Amount:
Category:		