

St. Rose of Lima Academy
Home & School Association
Check Request/Authorization/Reimbursement Request

Please use this form when:

1. Requesting reimbursement for expenditures
2. To request a check for a vendor
3. To obtain approval amounts over \$300 prior to purchase (or attach email authorization)

Date: _____

Name: _____ Phone: _____

Issue Check To: _____

Amount of Check: _____

Reason for Expenditure: _____

Please attach all receipts and any appropriate approvals to this form.

Committee Chairperson Signature / Phone

HSA Treasurer Signature

HSA President Signature

Authorization Needed for Expenditures over \$300: _____
Ms. Sheila Tomlinson/Prinicpal

Authorization Needed for Expenditures over \$1,000: _____
Father Owen Moran/Pastor

For Treasurers Use Only:

Date Check Issues: _____

Check #: _____

Check Amount: _____