

St. Agatha Home and School Association Expense Reimbursement Report

Name _____ Date _____

HSA Committee _____

Project _____

Expense Description _____

Reimbursement Amount \$ _____

Check Payable To _____

Address check should be mailed to:

Please attach a copy of your receipt(s) and place in HSA Treasurer's file in school office or send to:

Margaret Lombardo, HSA Treasurer
1025 Birchmont Rd.
Columbus, Ohio 43220

Questions? Call 457-0437

----- DETACH LOWER PORTION AND INCLUDE IN YOUR COMMITTEE'S REPORT -----

St. Agatha Home and School Association Expense Report

Name _____ Date _____

HSA Committee _____ Project _____

Expense Description _____

Reimbursement Amount \$ _____ Was this expense part of original budget? Y/N

If not, why? _____