# St. Rose of Lima HSA
# Expense Reimbursement Form

**Sales Tax is not Reimbursable**

Date: _____

Committee: _____

Acct. to be charged: _____

*Example: Committee: HSA Class Parent*
*Acct. to be charged: 1st Grade Tea*

Payee: _____

Address: _____

_____

| Amount: | Description: * |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*Please indicate the nature of the expense (postage, supplies, etc.)

***Please Note: Bills must be submitted to treasurer within 30 days of expense ***

Receipts and supporting detail must be attached.

Paid: Check #_____

Date: _____

Amount: _____