

**BEAUMONT HSA  
EXPENSE REINBURSEMENT / CHECK REQUEST FORM**

**All Expenses must be submitted to the Committee Chair for approval  
Deposit completed forms in Treasurer's folder in school office**

Please submit expenses as they are incurred.  
Fill out this form to request expense reimbursement or to have invoices paid.  
Attach all receipts or invoices and retain a copy for your records.

**Committee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Make check payable to:**

\_\_\_\_\_

If check is to be mailed to a vendor, please indicate mailing address:

\_\_\_\_\_  
\_\_\_\_\_

**Explanation:**

**Amount:**

_____	_____
_____	_____
_____	_____
_____	_____

**Total**

**Requested:** \_\_\_\_\_

Submitted by\*: \_\_\_\_\_ Email: \_\_\_\_\_

Chairperson Approval: \_\_\_\_\_

\*An email will be sent to you when the check is ready to be picked up in the  
"Parent Disbursement" folder in the office

**Treasurer – Stephanie Nichols      Email: [stephnichols@comcast.net](mailto:stephnichols@comcast.net)**

**Assistant Treasurer – Chris Stamatias      Email: [cstamatias@comcast.net](mailto:cstamatias@comcast.net)**