

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

**All expenses must be submitted to the Committee Chair
for approval.**

Deposit completed forms in Treasurer's folder in school office.

Committee Name: _____ Date: _____

Make Check payable to: _____

If this is to be mailed to a vendor, please provide the mailing address:

Expenses: Please attach all receipts or invoices

Explanation:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Request: _____

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: Marie-Pierre-Jdanoff-Crowe (mpjcrowe @ gmail.com)

Assistant Treasurer: Jeanne Dechiario (jdechiario @ yahoo.com)