

**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)