

2009-2010

FRELINGHUYSEN MIDDLE SCHOOL

Home and School Association

*******Reimbursement Request*******

Check Payable to:

(Name)

(Address)

Date of Expense:

Amount:

Item/Function:

Requested By:

****Executive Board Member Approval Signature:**

(without this signature, forms and payment will be held until approval can be attained at the next HSA Executive Board Meeting)

H.S.A. Treasurer will accept this form via fax or email attachment with Board Member approval.

Standard turnaround time is 7 days from Treasurer's receipt of this form.

For Treasurer's Use Only:

Account Charged:

Date Paid:

Check #:

Treasurer Signature:

Sheri Cupo