

# EXPENSE REIMBURSEMENT FORM

- Please attach all receipts and submit to the HSB Treasurer within one month of the event.

Date of Request: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Payee: \_\_\_\_\_

Amount of check to be written: \_\_\_\_\_

Event: \_\_\_\_\_

Description: \_\_\_\_\_

**Did you utilize SHOP cards on H&S tab for any of these purchases? Y or N**

**Store Names/Card Amounts (ie Sam's Club \$100 SHOP Card):**

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**\*Please attach all SHOP cards with a remaining balance and submit to Treasurer.**

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## TREASURER USE ONLY:

Date Check Issued: \_\_\_\_\_

Check Number: \_\_\_\_\_

Ledger Account: \_\_\_\_\_