

Mishawaka Catholic School
HASA Reimbursement Request

Date : _____

Person submitting request: _____

Amount: _____

Reason for request: _____

Check payable to: _____

Address if check to be mailed _____

Receipts and/or supporting documents must be submitted with this request form.

Approved by HASA Treasurer: _____

Date: _____

Payment Authorized by
Principal: _____

Date: _____

Completed form and receipts are to be given to bookkeeper for payment.

Amount of payment: _____

Expense category: _____

Check number: _____

Date written: _____

Date check sent: _____