

Travell Home & School Association, Inc.

Reimbursement / Check Request Form

EXPENSES OF \$250 OR MORE MUST BE PRE-AUTHORIZED BY THE EXECUTIVE BOARD. FAILURE TO OBTAIN PRE-AUTHORIZATION WILL RENDER THE EXPENSE INELIGIBLE FOR REIMBURSEMENT.

Name: _____

Committee Chairperson Name: _____

The committee chairperson must be aware of all expenses in order to ensure that budgetary guidelines are followed.

Date: _____

Email: _____

Phone: _____

Lost Check Policy: Replacement checks will be less any bank charges incurred by the HSA to stop payment on the original check (currently \$30). **INITIAL** here confirming you are aware of the lost check policy: _____

****Please attach applicable invoices and receipts. Receipts are required for all expenses.**

	Vendor/Name/Store	Expense Description	Budget Category		Amount (\$)
			Account Name	Account Number	
1					
2					
3					
4					
5					
6					
7					
				TOTAL	

Check Distribution:	
Make Check Payable To:	Vendor: <input type="checkbox"/> _____ Other (please specify): _____
<input type="checkbox"/> Mail Check to this Address:	_____ _____ _____
<input type="checkbox"/> Other:	_____

For Treasurer Use Only:		
Check#: _____	Check Date: _____	Prepared/Signed By: _____
		2nd Signature*: _____
<small>QB ENTRY _____ *Checks over \$2K require two signatures.</small>		
PRE-AUTHORIZATION by 2 Exec Board Members is mandatory for check payments of \$250 or greater.		
Executive Board Member Name:	_____	
Executive Board Member Signature:	_____	
Executive Board Member Name:	_____	
Executive Board Member Signature:	_____	