

**St. Jane Frances de Chantal School
Home & School Association (HSA)**



EXPENSE/REIMBURSEMENT REQUEST FORM

Name _____

Date of Request _____

Committee/Function Requesting Reimbursement _____

Date of Function or Event _____

Total Amount to be Reimbursed _____

Make Check Payable To _____

Is a receipt attached? *(circle one)* YES NO

May payment be sent through school care of your child? *(circle one)* YES NO

C/O CHILD'S NAME _____ HOMEROOM _____

Return completed form with receipt attached to **Kristen Altimare c/o Gabriella Altimare (1A)**.

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