



HOLY TRINITY SCHOOL GEORGETOWN

HTS-HSA Expense Reimbursement Form

Please complete the following Expense Reimbursement Form in order to be reimbursed for HTS-HSA expenses that you have incurred. Make sure you have written your name and the reason for the expense (e.g. printing programs, mailings, class coffee, etc...). **ALL** Vendor receipts must be submitted with the Expense Reimbursement Form.

A Committee Chair MUST AUTHORIZE ALL Expense Reimbursements. It is the responsibility of the person requesting the reimbursement to have a signature or email approval from a Committee Chair before submitting the form to the Treasurer for Payment.

DATE:

NAME:

ADDRESS:

EMAIL ADDRESS:

AUTHORIZATION FR
COMMITTEE CHAIR:

DATE	VENDOR	REASON FOR EXPENSE	AMOUNT

TOTAL EXPENSE REIMBURSEMENT

CERTIFICATION BY INDIVIDUAL REQUESTING REIMBURSEMENT

I hereby certify that the above listed expenses and the attached documenting receipts are accurate and that all claimed expenses were legitimately incurred on behalf of HTS-HSA.

SIGNATURE

FORWARD ALL EXPENSE REIMBURSEMENT FORMS TO:

MICHAEL LINSON

4323 ALBEMARLE STREET, NW

WASHINGTON, DC 20016

EMAIL: Michael.linson@gmail.com