



# Holy Trinity School Washington, DC

## 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 or to have any or all of such expenses considered a donation to HTS. 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 BY  
COMMITTEE CHAIR:

\_\_\_\_\_

DATE	VENDOR	REASON FOR EXPENSE	AMOUNT

**TOTAL EXPENSE**

\_\_\_\_\_

Check here if any of the above amount should be considered a donation to HTS. This amount will be deducted from any reimbursement paid.

Amount of donation: \_\_\_\_\_

### CERTIFICATION

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:**

*Holy Trinity School  
1325 36<sup>th</sup> Street NW  
Washington DC 20007  
Attn: HSA Treasurer*

**EMAIL: [HSAreasurer@htsdc.org](mailto:HSAreasurer@htsdc.org)**