



Glen Rock Middle School/High School  
Home and School Association

Check Request/Reimbursement Form – 2017-18 School Year

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address (where check should be mailed):

\_\_\_\_\_

Email address:

\_\_\_\_\_

HSA Committee/Activity to be Charged: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Please attach all receipts, bills or statements indicating the items being purchased or reimbursed.

**Please use the ST-5 tax exempt form when making purchases for the HSA.**

Please mail this request to Anne Marie Small Podd:

33 Ridge Road, Glen Rock, NJ

[ampodd@msn.com](mailto:ampodd@msn.com)

201 280-7729 (cell)

Check #: \_\_\_\_\_

Date: \_\_\_\_\_