



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 Gretchen Horwitz:

64 Kenmore Place, Glen Rock, NJ

gretchenhorwitz@gmail.com

201 574-6677 (cell)

Check #: _____

Date: _____