



Check Request/Reimbursement Form – **2018-19 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 HSA's ST-5 tax exempt form when making purchases for the HSA.

Please mail this request to HSA Treasurer Sara Mazin:

254 Doremus Avenue, Glen Rock, NJ

sschwartzfarb@hotmail.com

267 257-4554 (cell)

Check #: _____

Date: _____