

ST. CORNELIUS HOME & SCHOOL ASSOCIATION

REQUISITION FOR HSA FUNDS

EVENT

DATE

CHAIRPERSON

REASON FOR REQUEST

(LIST ALL ANTICIPATED EXPENSES)

ITEM/S

TOTAL \$

Make Check Payable to:

PLEASE INCLUDE ALL ORIGINAL RECEIPTS IN ENVELOPE FOR REIMBURSEMENT

REIMBURSEMENT APPROVED

TOTAL \$

PRES.

TREAS.