

HES HSA

Hillsborough Elementary School and Home Association
435 Route 206
Hillsborough, NJ 08844

EXPENSE REIMBURSEMENT REPORT

Name of Committee: _____

Date of Event/Description of Expense: _____

Expense Submitted by: _____

Chairperson Approval: _____

Date of Approval: _____

Itemized Expenses

Where Purchased	Amount Purchased	Description
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TOTAL

Check to be made payable to: _____

Pick Up Check: _____

Have Check Sent Home with Child _____

Child's Name: _____

Teacher's Name: _____

Have Check Mailed: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Email Address: _____