

# HSA Expense Reimbursement Form

*Note: This form is used only for expenses pre-approved by the HSA board. Please ensure your expenses are allowable before submitting this form. Not all expenses incurred for the school are reimbursable.*

Requested by: \_\_\_\_\_

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

Make check payable to: \_\_\_\_\_

Date of Receipt	Payee (where did you incur expense)	Description – please include event or program and what was purchased	Amount	Total

Authorized by: \_\_\_\_\_

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

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

Initials: \_\_\_\_\_