

**WEBER HOME SCHOOL ASSOCIATION INC.**  
**Check/Reimbursement Request Form**

To have an invoice paid or to receive reimbursement for expenses paid, the following procedure needs to be followed:

- Parents need to receive approval from either HSA Co-President.
- Weber teachers or staff members need to receive approval from Weber Principal, and then approval from either HSA Co-President.
- Invoices or receipts MUST be attached for payment.
- Use a Tax "Exempt Organization" Form when purchasing or presenting payment. As a non-profit organization, the HSA is not required to pay sales tax. As such, any sales tax paid will not be reimbursed. Copies of the tax exempt form may be obtained from the HSA Treasurer or from either Co-President.

*Leave the form with either HSA Co-President and they will submit all paperwork to the Treasurer for reimbursement. A check will be mailed promptly.*

**Please fill out all the requested information. Thank You.**

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

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Please reimburse me in the amount of \$ \_\_\_\_\_

Please pay the attached bill in the amount of \$ \_\_\_\_\_

Check Made Payable To: \_\_\_\_\_

Mail Check To: \_\_\_\_\_

Description of Expenditure: \_\_\_\_\_

Educational Goal: \_\_\_\_\_

Number of Students Impacted: \_\_\_\_\_

Which Grade(s), House(s), Subject(s): \_\_\_\_\_

Any Additional Information: \_\_\_\_\_

Presidents Approval: \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Charge Account: \_\_\_\_\_

For Treasurer's Use Only:

Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Payee: \_\_\_\_\_ Account Charged: \_\_\_\_\_