

GES HSA RECEIPT/REIMBURSEMENT FORM

PERSON SUBMITTING RECEIPTS: _____

PHONE NUMBER TO BE REACHED: _____

COMMITTEE/EVENT CHAIRING: _____

LIST RECEIPTS & THE EVENT THEY ARE FOR (PLEASE BE SPECIFIC):

_____ PAY DIRECT TO VENDOR

_____ REIMBURSE ME

HOW DO YOU WANT TO RECEIVE YOUR REIMBURSEMENT?

_____ MAIL ADDRESS: _____

_____ SEND HOME NAME: _____
WITH CHILD TEACHER/GRADE: _____

HSA ONLY:

CHECK # _____

DATE _____

AMOUNT _____