

SFX HSO EXPENSE REIMBURSEMENT FORM 2018-2019 SCHOOL YEAR

Person Making Request: _____
 Mailing Address: _____
(Only if first request or if different address)

 Phone Number: _____
 Date of Request: _____

Please Indicate HSO Event/Account To Be Charged:

	<u>Dollar Amount</u>	<u>Notes/Special Instructions:</u>
After School Clubs	_____	_____
Book Fair	_____	_____
Breakfast with Santa	_____	_____
Children's Christmas Shoppe	_____	_____
Halloween Party	_____	_____
Hospitality	_____	_____
Moms and Tots	_____	_____
Preschool	_____	_____
Rummage	_____	_____
Saint Pat's Party	_____	_____
School Board Operations	_____	_____
Showcase	_____	_____
Sip & Shop	_____	_____
Summerfest	_____	_____

OTHER (Please Specify) _____

TOTAL TO BE REIMBURSED \$

***Please Remember To Attach All
Receipts, Invoices or Contracts!***

QUESTIONS? Contact Kelly Carlton, HSO Treasurer
Email: sfxhso1910@icloud.com Cell: 517-449-0972

Check Payable To (Please Specify): _____
 Cash Disbursed To (Please Specify): _____

For Treasurer

Check # _____ Date _____ Initials _____