

**HAMILTON HSA**  
**Check Request/Reimbursement Form**

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIPT #1** **CHECK #**

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HSA Committee/  
Activity to be Charged Description of Expenses  
(Include Vendor's Name)

\_\_\_\_\_

\_\_\_\_\_

Amount: Make Check Payable to:

\_\_\_\_\_

\_\_\_\_\_

**RECEIPT #2** **CHECK #**

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HSA Committee/  
Activity to be Charged Description of Expenses  
(Include Vendor's Name)

\_\_\_\_\_

\_\_\_\_\_

Amount: Make Check Payable to:

\_\_\_\_\_

\_\_\_\_\_

**Please attach all receipts, bills or statements indicating items purchased**

**Signature:** \_\_\_\_\_

Please return to:  
Staci Purcell (HSA Treasurer)  
126 Radburn Road  
201-493-8075  
OR

Place in the HSA mailbox marked Treasurer in the school office