

# Holy Family Parent's Association

## Reimbursement Request

All receipts must be accompanied with this form for reimbursement. The request for checks will be submitted to the rectory once a week.

Name on Check: \_\_\_\_\_

Total amount of all receipts: \$ \_\_\_\_\_

(Payments will not be issued without a copy of all receipts)

Purpose of items purchased: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact phone number: \_\_\_\_\_

Please choose how you would like to receive the check:

- Send home with my child: \_\_\_\_\_ Grade: \_\_\_\_\_
- I will pick up my check when its ready
- Please mail my check to: \_\_\_\_\_  
\_\_\_\_\_

This form can be dropped off at the school or emailed to one of the treasurers:

[TraciPozerski@gmail.com](mailto:TraciPozerski@gmail.com) or [ttkearney@yahoo.com](mailto:ttkearney@yahoo.com)

Thank you!

Traci Pozerski 781-424-0909

Theresa Kearney 781-929-2697

HFSPA Treasurers