

SJR HSA Reimbursement Request Form

Today's Date: _____

To: Heather Conner-Garofalo
SJR HSA Treasurer

c/o. Bella Garofalo
7th Grade

From: _____

Reason for Reimbursement

Event: _____

Event Date: _____

Brief Description of Items Purchased:

Reimbursement

Reimbursement Amount: _____

Check Payable To: _____

Reimbursement should be:

_____ Sent home with: _____

_____ Mailed to: _____

Instructions

Would you please be sure to send the completed form and all receipts. If you have any questions or concerns, please call/text Heather at 215-896-7153 or e-mail JBHGarofalo@verizon.net. Thank you very much for your support!