

Hatboro Horsham High School

Home & School Association



HSA CHECK REQUEST FORM (2019–2020)

DATE: _____ AMOUNT: _____

PAYABLE TO: _____

COMMITTEE: _____

PURPOSE: _____

CHAIRPERSON APPROVAL _____

PLEASE READ INSTRUCTIONS!

Please staple all receipts/invoices to this request, have the chairperson sign the request and mail or drop off to Helen Falguera, 112 Moonflower Road, Hatboro, PA 19040. Check Requests without receipts/invoice or the Chairperson's signature will be returned. Please call or email me with any questions!

Thank you,
Helen Falguera, Co-Treasurer
112 Moonflower Road
Hatboro, PA 19040
sfalguera@yahoo.com

For HSA Purposes ONLY:

Date Paid: _____

Check #: _____