

Hatboro-Horsham High School Home & School Association



HSA CHECK REQUEST FORM 2023-2024

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 HSA Treasurer (see below). Check Requests without receipts/invoice or the Chairperson's signature will be returned. Please email with any questions.

Thank you,
Amy Clevinger, Co-Treasurer
133 Macintosh Court
Horsham, PA 19044
HHHS.HSA.Treasurer@gmail.com

For HSA Purposes ONLY

Date Paid: _____

Check #: _____