



# Demarest Home & School Association

465 Broughton Avenue ❖ Bloomfield, NJ 07003  
www.demaresthsa.org

## REIMBURSEMENT REQUEST FORM (Please Print Clearly)

Name: \_\_\_\_\_

Reimbursement Request \$ \_\_\_\_\_

Committee or Budget Item: \_\_\_\_\_

Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please attach receipts and place in Home & School mailbox in the office.  
Mark it "Attn: Treasurer"***

Please note that receipts must be attached in order to process the reimbursement request. All checks will be placed in the Home and School mailbox in the office within one week of the request. (Note: Exceptions may occur as when the Treasurer is away or the association is unable to fill the Treasurer position.) However, if you would like your check mailed to you or sent home with your oldest child, select one of the following options.

\_\_\_\_\_ Please send my check with my oldest child. *(at your own risk)*

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

\_\_\_\_\_ Please mail check to my home.

If you choose this option, please attach a self-addressed, stamped envelope.  
*If a stamped envelope is not attached, the check will **not** be mailed.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_