



Demarest Home & School Association

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

TEACHER REIMBURSEMENT REQUEST FORM (Please Print Clearly)

Name: _____ Grade: _____ Teacher: _____

Reimbursement Request \$ _____

Select One Line Item:

Teachers' Fund (\$75/\$50 per teacher)

Gifts Home & School (*aka Teachers' Wish List*)

Budget Item _____

(List Budget Line Item from Approved Budget which will be found in the green HSA envelope in the HSA mailbox)

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 given to the secretary for distribution within two weeks 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 provide a self-addressed stamped envelope. *If a stamped envelope is not attached, the check will **not** be mailed.*

Signature: _____ Date: _____