



J.R. MASTERMAN HOME & SCHOOL
SUPPORTING OUR SCHOOL, FAMILIES AND CHILDREN

Request for Payment/Reimbursement Form

Please complete the entire form. Use a separate form for each payee. You must submit all related receipts and invoices with the completed form. Incomplete/missing forms or forms without invoice(s)/receipt(s) will not be processed and will delay or void the payment/reimbursement.

Date Submitted _____

Submitted By _____

Title or Role _____

MHSA Committee (if applicable) _____

Primary Phone Number _____

Primary Email Address _____

Make check payable to (Full Name) _____

Address _____

City/State/Zip _____

Certification: The below expense(s) were incurred in connection with authorized* J.R. Masterman Home & School Association purchases and were not otherwise reimbursed to me or purchased for my personal use or gain.

DESCRIPTION OF PURCHASE (USE OF FUNDS)	AMOUNT (\$)	RECEIPT/INVOICE ATTACHED?
TOTAL EXPENSES (\$)		

Please email the completed form with related invoices and receipts to the MHSA Treasurer, treasurer@mastermanhsa.org, or place in a sealed envelope and submit to the school's main office, **ATTENTION: MHSA Treasurer**. Questions? Contact the MHSA Treasurer, treasurer@mastermanhsa.org.

Treasurer Use Only		
Check Number _____	Amount _____	Date _____
Budget Category _____		

***ALL EXPENSES INCURRED BY A COMMITTEE MEMBER MUST BE PRE-APPROVED BY THE COMMITTEE CHAIR. PURCHASES THAT ARE GREATER THAN \$300 MUST BE PRE-APPROVED BY THE MHSA EXECUTIVE BOARD.**