

DISBURSEMENT OF FUNDS REQUEST

MON HSA
2025-2026

DATE:

Funds to be paid to: _____

Amount: _____

CHARGE TO COMMITTEE/EVENT:

- ☐ Back to School Picnic
- ☐ Class Activity Fee(CAF)-
Grade/Class: _____
- ☐ Chess Club
- ☐ Communications
- ☐ Computers
- ☐ Cultural Arts (Field Trips)
- ☐ Emergency Kits

- ☐ Hosp.-8th Graduation Recp.
- ☐ Hosp.- Communion Rect.
- ☐ Hosp.- Grandparents Day
- ☐ Hosp.- Family Coffee
- ☐ Hosp.- K Graduation
- ☐ Hosp.- May Crowning
- ☐ Hosp.- HSA Meeting
- ☐ Hosp.- Open House
- ☐ HSA In-House

- ☐ Spirit Shop
- ☐ Sports- _____
- ☐ Staff Appreciation
- ☐ Staff Breakfast
- ☐ Teachers Resources
- ☐ W&M Family Activities
- ☐ W&M Fundraiser
- ☐ Other: _____

REQUIRED

Purpose of Funds: _____

REQUIRED Committee Chairperson signature: _____

* Pre Approval by Executive Committee required for expenditures of \$250 or more *

Executive Committee signature: _____

TOTAL: _____

DELIVER CHECK TO: _____

- ☐ Electronic (email form to: montreasurer2025@gmail.com)
- ☐ By US Mail
- ☐ By Backpack Mail _____
Youngest Child's name and class

* Please Note *

- Requests for reimbursement should be made within 30 days past receipt dates.
- Reimbursement to individuals may NOT exceed \$250 for out-of-pocket expenses. Checks for greater amounts MUST be written directly to vendors.
- The expense for a single item may not be divided into multiple reimbursements of smaller amounts for the purpose of sidestepping the \$250 individual reimbursement limit.
- Requests without required signatures and documentation will be returned.

Please attach receipts for items already purchased or attach invoice, price quote, or other supporting documents.

OFFICE USE ONLY

PAID HSA Check #: _____ / Cash _____ Date: _____