



## DHSA REQUEST FOR REIMBURSEMENT FORM

Please complete the DHSA Request for Reimbursement form to get reimbursed for an DHSA event expense. Reimbursement requests, along with receipts, must be sent to the Doyle Home and School eMail address ([doylehsa@gmail.com](mailto:doylehsa@gmail.com)).

- Hard copy requests will also be picked up by DHSA Co-Treasurers on a weekly basis. The DHSA Co-Treasurers will be responsible for submitting a scanned version to the Doyle Home and School eMail address ([doylehsa@gmail.com](mailto:doylehsa@gmail.com)).
- Reimbursements will be returned to you:
  - During the school year: The check will be included In your child's backpack within two weeks of receipt of the request. Note: School holidays or other school closings may cause delays.
  - Outside of the school year: In the school office.
- Reimbursements delays or rejections:
  - Any request made for reimbursement over the allotted budget may be rejected if prior approval was not received as all budget overages must be approved via Executive Board vote.
  - Lack of expense evidence.
- We respectfully request that you cash your reimbursement check with one week of receipt.

Request Type	
<input type="checkbox"/>	Reimbursement for purchase made for DHSA Event.
	<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 30%; padding: 2px 5px;">Event/Committee Name</div> <div style="flex-grow: 1;"></div> </div>
<input type="checkbox"/>	Reimbursement for purchase made for DHSA Homeroom Event.
	<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 30%; padding: 2px 5px;">Grade</div> <div style="flex-grow: 1;"></div> </div>
	<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 30%; padding: 2px 5px;">Teacher</div> <div style="flex-grow: 1;"></div> </div>
	<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 30%; padding: 2px 5px;">Event Name</div> <div style="flex-grow: 1;"></div> </div>
<input type="checkbox"/>	Reimbursement for purchase made for Teacher Classroom Grant.
	<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 30%; padding: 2px 5px;">Grade</div> <div style="flex-grow: 1;"></div> </div>
	<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 30%; padding: 2px 5px;">Teacher</div> <div style="flex-grow: 1;"></div> </div>
<input type="checkbox"/>	Payment for purchase made for DHSA Event Directly to vendor.



	Vendor Name	
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Itemized Expenses	
Item Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Amount Requested</b>	<b>\$</b>

Check Made Payable to	
Date of Request	
Name	
eMail Address	
Telephone Number	
Child's Name	
Child's Grade	

DHSA Co-President/Co-Treasurer Determination (DHSA Official Use Only)			
	<input type="checkbox"/>	Approved	<input type="checkbox"/> Denied
Approved By			Approval Date
Check Number			Check Date
Check Amount	\$		