



# Bridge Valley Elementary HSA Check Request Approval Form

**Thank you for your work on behalf of Bridge Valley Elementary School. Please note the following information:**

1. Submit this form within 30 DAYS of the date of the event. June events are due by the LAST DAY of school.
2. Attach ORIGINAL receipts and/or invoices. Make copies for your records.
3. Sales Tax is not reimbursed.
4. An Executive Committee Member's signature is REQUIRED for expense items over \$200.
5. Place the form and receipts/invoices in the Treasurer's mailbox in the BVE school office.
6. Allow 2 weeks for processing your request from the date you submit this form.
7. If you have any questions, please contact the HSA Treasurer at [hsabve.treasurer@gmail.com](mailto:hsabve.treasurer@gmail.com)

Date Submitted to HSA: \_\_\_\_\_ Total Requested Amount: \$ \_\_\_\_\_

Committee/Event: \_\_\_\_\_

Approved by Executive Committee Member: \_\_\_\_\_

Receipt	Description of Expense	Amount
1		
2		
3		
4		
5		
	Total	\$

**CHECK DELIVERY METHODS (Check One):**

School Office:	Mail:	Sent Home via Student:
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Check Payable To: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

REQUESTER	PRINCIPAL AND HSA APPROVALS
Signature: _____	Approver: _____
Print Name: _____	Date: _____
Email: _____	Approver: _____
Phone: _____	Date: _____

**Requestor Note:** *By signing this form, you certify that the purchase(s) or expense(s) is/are for the benefit of the BVE program described and is/are not being paid or reimbursed from any other source.*

For Treasurer's Use		
Date Received: _____	Check #: _____	Amount: \$ _____
Budget Category(s): _____		