

# St. Elizabeth HSA Reimbursement Form

Fill out the form below completely. All receipts should be attached to the form and emailed to: [stehsa@stelizabethparish.org](mailto:stehsa@stelizabethparish.org)

Date \_\_\_\_\_

Committee \_\_\_\_\_

Event/Initiative \_\_\_\_\_

Submitted by \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Send Check to (name) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Description of Purchase	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____