

# Sunnymead HSA Treasurer's Form

**General Instructions:** Please complete a form for deposits or reimbursements. Submit deposits within a few days of your fundraiser. Do not hold onto deposits. It will be the responsibility of the chair to collect the funds plus any bank charges for checks with insufficient funds. Please submit form directly to the treasurer for deposit. **Separate forms should be submitted for deposits and/or reimbursements not combined on one form.**

**Submitted by:** \_\_\_\_\_  
Print Name (Required) Email

\_\_\_\_\_ Phone Number      \_\_\_\_\_ Child's Name (for school mail)      \_\_\_\_\_ Teacher

**For:** \_\_\_\_\_  
Committee (Required)

**Deposit:**

**Currency** \$ \_\_\_\_\_ ( \_\_\_\_\_ 1's \_\_\_\_\_ 5's \_\_\_\_\_ 10's \_\_\_\_\_ 20's)  
Sort into ascending denominations

**Coin** \$ \_\_\_\_\_ ( \_\_\_\_\_ Pennies \_\_\_\_\_ Nickels \_\_\_\_\_ Dimes \_\_\_\_\_ Quarters)

**Total Cash** \$ \_\_\_\_\_ **Please hand deliver cash deposits to Treasurer**

**Checks** \$ \_\_\_\_\_ **Total number of checks** \_\_\_\_\_ **(Attach check listing)**

**Total Deposit** \$ \_\_\_\_\_

**Payment request:** Invoice or receipts must be attached. Receipts will not be returned, copies are acceptable. All information requested below is required for payment.

**Mail payment to:** \_\_\_\_\_ For \$ \_\_\_\_\_  
Print Payee Name Total Amount

Mailing address: Street: \_\_\_\_\_  
Town: \_\_\_\_\_

**Description of Expense:** Note: Describe briefly below and itemize on back if necessary. If expenses are for different committees, separate forms must be submitted.

**Authorized by:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

To be completed by HSA Executive Board only:

Received \_\_\_\_\_ Deposited \_\_\_\_\_ Paid \_\_\_\_\_ Check # \_\_\_\_\_