

ASCS Home School Association
Reimbursement and Payments Form

Date: _____

Event: _____

Please check one:

Expense Reimbursement: _____ Merchant/Vendor Payment: _____ Advance: _____

A check in the amount of \$ _____,

Made payable to _____

For/Purpose _____

Needed for the above event by (date) _____ .

**Please send check home with (child's name) _____ in
(Teacher's name) _____ class.**

OR

I will pick up the check in the office (please check here) _____ .

Signed: _____

Print name: _____ Phone: _____

Notes:

1. Please allow several days for check processing.
2. For expense reimbursements, please attach the **expense list** form and all receipts.
3. For Merchant/Vendor payments please include copy of payment documents (e.g. vendor contract, deposit form filled out, or service contract/payment form detailing amount to be paid.)
4. Advances- please include what the advance will be used for

Thanks very much,
Home School Association Board
Questions? Please email HSA@ascs.net