

Sussex Avenue H.S.A.  
Request for Reimbursement

Date \_\_\_\_\_  
Committee Name \_\_\_\_\_  
Amount \_\_\_\_\_

Payee: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Reason for Disbursement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested By \_\_\_\_\_  
Phone Number \_\_\_\_\_

Method of Distribution (Please circle one):

Mail to Payee      Return to Requester      Other

**Please attach receipts to this form. Reimbursements can only be made if receipts are attached.**

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For Office Use Only

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Imputed on \_\_\_\_\_