St. James HSA Reimbursement Receipt

Name: _____

Date: _____

Event Name: _____

Event Date: _____

Amount to be Reimbursed ($): _____

Attach Receipt Here.

Note: All receipts must be submitted within 30 days of event to receive reimbursement.
Note: All reimbursement checks not deposited within 90 days will be voided.

HSA Treasurer Only:

Name:

Date:

Amount Reimbursed ($):

Check #:

Attach Copy of Receipt.