

ICA HSO

Expense Reimbursement / Check Request

HSO Member's Name _____

Date Submitted _____

Event _____

Reason:

Food & Beverages _____

Paper Supplies _____

Decorations _____

Advertising _____

Other _____

Total Amount of Check Requested _____

Date Check Issued _____

Check Number _____

Check Should Be: _____ Mailed to vendor _____ Given to HSO member

Within 7 days of the event the completed form (along with receipts) should be:

- Submitted to ICA HSO Treasurer for reimbursement.
- Submitted to the event chairperson for placement in the event file.