



PAYMENT AUTHORIZATION / REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name: _____ Date: _____

Check One:

The enclosed is for deposit to the HSA account:

This is to request a payment to an outside provider:

This is to request a reimbursement for self:

Deposit information:

AMOUNT: \$ _____

REASON: _____

Payment information:

TOTAL AMOUNT: \$ _____

PAY TO: _____

Category*	Amount*
_____	_____
_____	_____
_____	_____

Reimbursement information:

TOTAL AMOUNT: \$ _____

PAY TO: _____

Category*	Amount*
_____	_____
_____	_____
_____	_____

*For what category, e.g. committee, class, event, etc., was expense incurred. If for multiple categories please itemize each. In addition, please attach all applicable receipts.

APPROVAL:

HSA President:

Principal:
