

**ST. ROSE OF LIMA HSA  
REQUEST FOR DIRECT PAYMENT TO VENDORS FORM**

1. Please sign all invoices or receipts and attach to this form.
2. No personal items should be listed on receipts/invoices.
3. Per RCAN policy, no reimbursements will be made for tax paid on purchases. Please use tax-exempt form when making purchases for school use. If purchases are made using a personal discount and/or the tax-exempt form is not accepted, the purchaser will be responsible for the cost of the taxes incurred.
4. Submit this form and invoices/receipts to the HSA treasurer.
5. Complete one form per each check requested.

Date Submitted: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Amount to be paid: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

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

\_\_\_\_\_

Committee or Class: \_\_\_\_\_

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**TO BE COMPLETED BY HSA TREASURER AND SCHOOL PRINCIPAL**

PAID: Check #: \_\_\_\_\_

DATE Check Paid: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_