

**Treasurer – Sousa HSA, Inc.**  
**Check or Cash Request**

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

Committee/Event: \_\_\_\_\_

Receipt/Invoice: Invoice(s)/Original receipt(s) only – NO EXCEPTIONS

Please attach an invoice(s) or receipt(s) to this request form

Amount Requested \$ \_\_\_\_\_

Reason for Cash Payment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Required: \_\_\_\_\_

Remit to Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASH requested by: \_\_\_\_\_

Committee chair Approval \_\_\_\_\_

If you have any questions please contact Nussara Chutijiriwon at [nchuti@gmail.com](mailto:nchuti@gmail.com)

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For Treasurer's Use Only

Date Paid

Check #

Charged