

**Home School Athletic Association**  
**Pre-Authorization / Reimbursement Request Form**  
{Please Attach Receipts}

**Email or Mail To:**

Mona Schultz  
4524 Waterford Dr.  
Plano, TX 75024  
mona.schultz@hsaa.org

Date of Request: \_\_\_\_\_  
Submitted By: \_\_\_\_\_  
Amount Requested: \_\_\_\_\_  
Approved Budget Expenditure: Yes \_\_\_\_ No \_\_\_\_

**Description of Expenditure:** \_\_\_\_\_

**Class Allocation: (Check Only One OR Allocate \$\$ Amounts if Multiple Classes)**

_____ Baseball Middle School	_____ Soccer HS Boys	_____ Water Polo Boys
_____ Baseball High School	_____ Soccer HS Girls	_____ Water Polo Girls
_____ Basketball HS Boys	_____ Soccer MS Boys	_____ Letter Jackets
_____ Basketball HS Girls	_____ Soccer MS Girls	_____ Administrative
_____ Basketball MS Boys	_____ Softball	_____ Spring Banquet
_____ Basketball MS Girls	_____ Tennis	_____ Letter Jackets
_____ Cross Country	_____ Track & Field	_____ Scholarships/Donations
_____ Football Middle School	_____ Volleyball High School	_____ Other (Explain):
_____ Football High School	_____ Volleyball Middle School	
_____ Golf		

Allocation Comment: \_\_\_\_\_

**Expense Category: (Check Only One OR Allocate \$\$ Amounts if Multiple Categories)**

_____ Facility Expense	_____ Umpires/Referees	_____ Awards/Recog/Gifts
_____ Training Fees	_____ Tournament Entrance Fees	_____ Banquet Expenses
_____ Uniform Expense	_____ Tournament Travel/Other	_____ Fundraiser Expenses
_____ Uniform: Rental	_____ National Tournament Fee	_____ Coach Clinics/Training
_____ Medical Supplies/Ice/Water	_____ National Tourn Travel/Other	_____ Software/Subscriptions
_____ Sport Gear/Equipment	_____ Coach Salaries	_____ Miscellaneous (requires
_____ Other Supplies	_____ Spirit Wear/Spirit Gear	description below)

Expense Category Comment: \_\_\_\_\_

**Commissioner's Approval**

_____ Sport Commissioner	_____ Date
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**AUTHORIZATION TO PAY**  
(Amounts in Excess of \$3,000 Need the Approval of the Treasurer)

Payee: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Loaded To QuickBooks: \_\_\_\_\_

_____ Sport Commissioner	_____ Date	_____ Treasurer	_____ Date
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