

Fairfax Home School Athletic Association

Purchase Reimbursement Request

Complete the information below and submit this form, with receipts attached, to FHSAA (address below). Please allow 2-3 weeks for reimbursement to be mailed. Please keep a copy of this form for your records.

Name: _____

Date: _____

Address: _____

Phone (H): _____

City/State/Zip: _____

Phone: (C): _____

Email: _____

Date Purchased	Description of Item Purchased	Sport / Team	Total Cost (incl. tax)

Mail to: FHSAA, Inc.
P.O. Box 576
Fairfax, VA 22038-0576