

# 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