

Darien High School Parent Association REIMBURSEMENT REQUEST

Date_____ Your Name_____

Phone_____ E-mail_____

DHSPA Committee to be Charged_____

Check Payee_____ Check Amount \$_____

Mailing Address_____

Detailed Description of Expense_____

Please remember to attach receipts.

Checks will be mailed to the address listed above unless other arrangements have been made with the Treasurer. Reimbursements cannot be made without receipts unless an arrangement has been made with the Treasurer.

Mail form with receipts to:

Stephanie Maher
DHSPA Treasurer
19 Harbor Road
Darien, CT 06820
(or email stmaher@optonline.net)