

**Darien High School Parents Association
2021-2022
REIMBURSEMENT REQUEST**

Date _____

DHSPA Committee _____

Check Payee _____ Check Amount \$ _____

Phone _____ E-mail _____

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 or email form with receipts to: Cathy Pond
DHSPA Treasurer
8 McLaren Road
Darien, CT 06820

ccpond1@gmail.com