

**Darien High School Parents Association  
2024 - 2025  
REIMBURSEMENT REQUEST**

Date \_\_\_\_\_

DHSPA Committee \_\_\_\_\_

Check Payee \_\_\_\_\_ Amount \$ \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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: Kerry Coppola  
DHSPA Treasurer  
22 Stephanie Lane  
Darien, CT 06820

treasurer@dhspa.net