Darien High School Parents Association
Expense Reimbursement Request

Date _____

DHSPA Committee _____

Check Payee_____Amount $_____

Phone_____Email_____

Mailing Address_____

Detailed Description of Expense _____

_____

_____

PLEASE ATTACH RECEIPTS TO THIS FORM OR SEND THEM ELECTRONICALLY TO THE EMAIL BELOW IN A PDF FILE WITH THIS FORM.

Checks will be mailed to address given above unless otherwise discussed.
Reimbursements cannot be made without receipts.

Please mail or email the above form and ALL detailed receipts to:

Kerry Coppola
DHSPA Treasurer
22 Stephanie Lane
Darien, CT 06820

kerry.coppola@gmail.com