

**Darien High School Parents Association
Expense Reimbursement Request**

Click here to print!

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 the 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