

Darien High School Parent Association Check Request

Date _____

Your Name _____ Phone _____ Email _____

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:

Elizabeth Cortright, DHSPA treasurer, 11 Scout Trail, Darien

(or email reemmm@optonline.net)