Non DoD Schools Program (NDSP) Sponsor Claim for Reimbursement SY__/_

Email: Americas: NDSP.Admin.Americas@hq.dodea.edu Europe: NDSP.Admin.Europe@hq.dodea.edu Pacific: NDSP.Admin.Pacific@hq.dodea.edu Telephone for Americas/Pacific/Europe: 571-372-0591

Fax: 571-372-XXXX

Attach recei	pts for all items	listed.					
Date of Service	Student Name (FirstName LastName)	*Code	Description of Service		Local Currency Amount	**Exchange Rate	U.S. \$ Amount
					Total Amou	nt Claimed	
*Code Key: **Exchange	1= Tuition 3= Transportation 2= One Time Fees 4= Home Study Materials ate on the date invoice was paid			5= Special Needs Fees 7= Other 6= Supplemental Services (Tutoring, Assessment, etc)			
certify that th	nis claim is true and	correct	to the best of my knowle	edge and belief and that pa	yment or credit has	not been reco	eived by me.
Sponsor Signa	ture					Date	

identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.