

THE NON DEPARTMENT OF DEFENSE SCHOOLS PROGRAM (NDSP)

REIMBURSEMENT FOR SERVICES RENDERED

Provider's Name: _____ Provider's Country: _____

Student's Name (Please use one form per student.): _____

Please attach receipts for all services listed.

EFT Information Request must be on file prior to reimbursement being processed. (For DFAS Processing Only)

Date of Service	Duration of Service	Description of Service	Local Currency Amount	*Exchange Rate (If applicable)	**U.S. Amount (If applicable)
TOTAL REIMBURSEMENT REQUESTED:					

*Enter exchange rate on the date service was provided. Use <http://www.oanda.com/currency/converter/>.
 **Funds going to an American Bank Account must be in dollars.

Tutor's Signature: _____
 I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sponsor Signature _____ Date _____

The information requested on this form is required under provisions of 31 U.S.C. 82b an 82c, for the purpose of disbursing money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.