

# Non DoD Schools Program (NDSP) Sponsor Claim for Reimbursement SY \_\_/\_\_/\_\_

Email: Americas: [NDSP.Invoices.Americas@hq.dodea.edu](mailto:NDSP.Invoices.Americas@hq.dodea.edu) Europe: [NDSP.Invoices.Europe@hq.dodea.edu](mailto:NDSP.Invoices.Europe@hq.dodea.edu) Pacific: [NDSP.Invoices.Pacific@hq.dodea.edu](mailto:NDSP.Invoices.Pacific@hq.dodea.edu)  
 Telephone for Americas/Pacific/Europe: 571-372-0591  
 Fax: 571-372-1908

Sponsor Name \_\_\_\_\_

Location of Assignment (Country) \_\_\_\_\_

**Attach receipts for all items listed.**

Date of Service	Student Name (FirstName LastName)	*Code	Description of Service	Local Currency Amount	**Exchange Rate	U.S. \$ Amount
<b>Total Amount Claimed</b>						

**\*Code Key:**    1= Tuition                      3= Transportation                      5= Supplemental Services (Tutoring, Assessment, etc)  
                     2= One Time Fees                      4= Special Needs Fees                      6= Other

**\*\*Enter exchange rate on the date invoice was paid (use <http://www.oanda.com/currency/converter/> or rate listed on your bank/credit card statement).**

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

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.