

# THE NON DEPARTMENT OF DEFENSE SCHOOLS PROGRAM (NDSP)

## SPONSOR CLAIM FOR REIMBURSEMENT

Sponsor's Name: \_\_\_\_\_ Sponsor's Country, At Post: \_\_\_\_\_

Dependent's Name (**one form per child**): \_\_\_\_\_

- Please attach **receipts** for all services listed.
- Sponsor must use an American Bank Account. Electronic Funds Transfer information must be on file prior to reimbursement.
- Use <http://www.oanda.com/currency/converter/> to enter the exchange rate on the date of the payment.

Date of Service	*Code (see code key below)	Duration of Service	Description	Local Currency Amount (If applicable)	Exchange Rate (Required if LCA is applicable)	U.S. Amount (Required)
<b>SHIPPING</b>						
<b>TOTAL FOR THIS PAGE</b>						
<b>TOTAL REIMBURSEMENT REQUESTED</b>						

**CODE KEY**

1. Tuition	2. One Time Fees	3. Transportation	4. Special Needs Fees	5. Supplemental Services	6. Other
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*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: \_\_\_\_\_