

THE NON DEPARTMENT OF DEFENSE SCHOOLS PROGRAM (NDSP)

SPONSOR CLAIM FOR REIMBURSEMENT (continuation page)

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

Date of Service	*Code	Duration of Service	Description	Local Currency Amount (If applicable)	Exchange Rate (Required if LCA is applicable)	U.S. Amount (Required)
SHIPPING						
TOTAL THIS PAGE						