



Request for Reimbursement of Application & Testing Costs

School Year: _____

Requestor:

Name: _____

Address: _____

GU- _____

I hereby request reimbursement for application(s) and/or required testing made on behalf of:

OSP Student: _____

ST- _____

to the following OSP Schools and/or testing sites:

Name of School or Testing Site	Date	Amount

Attach to this form, copies of all receipts.

Parent _____ / Guardian: _____

Date: _____

Mail to:

**Serving Our Children
1707 L Street, Suite 300
Washington, DC 20036**