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:

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<tr>
<th>Name of School or Testing Site</th>
<th>Date</th>
<th>Amount</th>
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Attach to this form, copies of all receipts.

Parent / Guardian: ____

Date: __________________________

Mail to:

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