

BCCHSEDFD File Number \_\_\_\_\_

**BETHESDA-CHEVY CHASE HIGH SCHOOL EDUCATIONAL FOUNDATION  
REQUEST FOR REIMBURSEMENT OF EXPENSES**

(Note: Not to be used to request reimbursement of Professional Development expenses.)

*Receipts must be attached!*

*Substantiation and receipts must be submitted by the date specified in your award letter.*

Your Name: \_\_\_\_\_

Registration Fee (if applicable): \_\_\_\_\_

Materials (itemize):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Compensation to be paid from grant funds (if applicable):

Compensation: \_\_\_\_\_  
Employment taxes payable by  
employer (if to be paid from grant  
funds): \_\_\_\_\_

Total: \_\_\_\_\_

Other (describe and itemize):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Travel (if applicable)

Dates: \_\_\_\_\_ Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Transportation (itemize):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hotel: \_\_\_\_ Nights at \_\_\_\_\_ per night: \_\_\_\_\_

Meals (itemize):  
(if meals are included for persons  
other than yourself, please describe.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_