



STARS<sup>⊙</sup>

## **Bus Transportation Reimbursement Form**

School name: \_\_\_\_\_

Teacher's name(s): \_\_\_\_\_

Performance name: \_\_\_\_\_

Performance date & time: \_\_\_\_\_

# of students that actually attended: \_\_\_\_\_

# of adults that actually attended: \_\_\_\_\_

# of buses for reimbursement: \_\_\_\_\_

Total cost (also attach invoice or receipt): \_\_\_\_\_

Name and address to make the check payable to:

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

**Please complete this entire form and submit it with an invoice within 30 days of the performance to [khannold@vvf.org](mailto:khannold@vvf.org), by fax at 970-748-1396, or by mail to the address below.**

**If your students enjoyed the performance, we encourage them to write a letter of thanks!**

Letters can be sent to:  
Vilar Performing Arts Center, c/o Kim Hannold, PO Box 3822, Avon, CO 81620  
or via fax: 970-748-1396