

HSB TRIP Program

Reimbursement Request Form

*HSB, Inc.
5625 Burlingame Ave SW
Wyoming MI, 49509
(616) 532-9422*

Name: _____

Address: _____ Phone #: _____

Please indicate where you would like your TRIP funds directed. **Return form to the HSB Office.** We will not be able to transfer funds without this form. You may request funds from your account once a month. **If you have any questions, please feel free to call the HSB Office at 616-532-9422 x4.**

\$ _____ **Donate to HSB, Inc.**

\$ _____ **Program/Class Fees**

Organization/group name _____ Student(s) Name _____

\$ _____ **HSB Bookstore/Second Mouse Finds Used Bookstore Gift Card**
(Note: Gift cards are like cash – any balance not used will remain on the gift card.)

\$ _____ **TOTAL**

(Please note gift cards for either of our stores can be made available same day. Payments for the above programs will be cut and distributed directly to the organization in approximately one week's time.)

Signature _____

Date _____

Office Use Only

Updated in TRIP Binder: Initials _____ Date _____

Updated in Excel Doc: Initials _____ Date _____