

HSB TRIP Program

Tuition Reimbursement 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.** HSB TRIP WILL NOT be able to transfer funds without this form. You may take your 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 the HSB**

\$ _____ **Program/Class Fees** (Only programs/classes that meet at the HSB)

Organization/group name _____ Student(s) Name _____

\$ _____ **HSB Bookstore Gift Card**

*(Note: Gift cards are like cash – any balance not used will remain on the Gift card for the bookstore.) Gift cards will be available for pick up at the **HSB Bookstore.***

\$ _____ **TOTAL** – Must agree with available funds above.

(Please note Bookstore gift cards and the checks for the above programs will be cut and distributed directly to the organizations in approximately one week's time.)

Signature _____

Date _____

Office Use Only

Updated in TRIP Binder: Initials _____ Date _____

Updated in Excel Doc: Initials _____ Date _____