



STARS 

## **Bus Transportation Reimbursement Form**

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

Teacher name and grade: \_\_\_\_\_

Performance name, date and time:  
\_\_\_\_\_

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

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

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

Total cost (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 made out to the Vilar Center or to the STARS program will be distributed to all supporters of the program.**

Mailing address for reimbursement and/or letters of thanks:  
Vilar Performing Arts Center, attn: Kim Hannold, PO Box 3822, Avon, CO 81620  
Fax: 970-748-1396