



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 cmunger@vfv.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: Cortney Munger, PO Box 3822, Avon, CO 81620
Fax: 970-748-1396