

DCMA SCRIP Program
Financial Credit Release Form

Name: _____ Date: _____

As the account holder I would like to request the following disbursement from my Scrip account.

Option #1 – Expense Payment

Please release the following funds for my student's music education expense

Amount: _____

Student Name: _____

Payable to: _____

Reason for Expense: _____
Payment requests received prior to the 10th of each month will be made on or around the 15th.

Option #2 – Donation

Donated amount: _____

Payable to: _____

DCMA will track my donations and provide the proper IRS documentation at the end of the year.

Option#3 – Reimbursement

Amount to be reimbursed _____

I understand that my reimbursement will be available within two weeks and may be reduced by any outstanding balance my student has with any DeKalb Central music program.

Signature of Account Holder