

FLHS PTA Reimbursement Form 2016-17

Fairfield Ludlowe High School PTA
785 Unquowa Road, Fairfield, CT 06824



REIMBURSEMENT/PAYMENT REQUEST

Date: _____ Amount: _____

Make Check Payable to: (Person/Co.) _____

Address: _____

FLHS Committee: _____

Budget Item: _____

Purpose: _____

Requested by: _____

Approved: _____

Approved: _____

All FLHS PTA bills for payment or receipt for reimbursement must be attached to this form. [Please fill it out completely and](#)

Email kathrussell@gmail.com
with scans of completed form & back up
or to schedule an in-person hand-off

OR Mail to:
FLHS PTA - Treasurer
785 Unquowa Rd
Fairfield, CT 06824

Questions, e-mail: Kathy Fitzmaurice Russell (kathrussell@gmail.com) or Alison Jones Allen (flhsptapresident@gmail.com)

To be completed by Treasurer:

Check #: _____ Date: _____

Approved: _____