

FLHS PTA Reimbursement Request 2017-18

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



Date: _____ Amount: _____

Make Check Payable to: _____

Address: _____

FLHS Committee: _____

Budget Item: _____

Purpose: _____

Requested by: _____

Approved: _____ 1 _____ 2

All FLHS PTA bills for payment or receipt for reimbursement must be **attached** to this form. Please fill this form out completely and

Email to:
kathrussell@gmail.com
with scans/photos of
completed form &
receipts backup

OR

Mail to:
FLHS PTA – Treasurer
785 Unquowa Rd
Fairfield, CT 06824
with completed form & backup

Email questions to kathrussell@gmail.com

To be completed by Treasurer:

Check #: _____ Check #: _____

Approved: _____

Thank you for participating in the FLHS PTA