

**REQUEST FOR REIMBURSEMENT/PAYMENT
FAIRFIELD PTA COUNCIL 2009-2010 BUDGET YEAR**

Date: _____ Amount Requested: \$ _____ Paid Check#: _____

Payable To: _____

For: _____ Budget Category: _____

Signatures Of:

(1) Requestor: _____ Phone: _____

(2) Approver: _____

You must get prior approval from the President (President@ffldptac.org) or President-Elect (PresElect@ffldptac.org)

Receipt/Bill Attached? Yes ___ No ___ If Not, Reason: _____

Please provide an addressed stamped envelope with your request, as well as your mailing address below:

Name: _____

Address: _____

Phone # (optional): _____

Submit to Deborah L. Blanchard, PTA Council Treasurer by either:

- 1) Bringing to a PTA Council Meeting and delivering in person, or;
- 2) emailing the above information to - Treasurer@ffldptac.org