



Roger Sherman PTA
250 Fern Street
Fairfield, CT 06824
203.255.8330

Reimbursement Request Form

Your Name: _____

Date: _____

Amount: _____

Payable To: _____

Address: _____

Purpose: _____

****Reimbursement requests must be signed by the Committee Chair. If the recipient of the funds is the Committee Chair, the request must be signed by the appropriate VP, according to the Executive Board Organization Chart.****

Committee Chair/VP Signature: _____

President's Signature: _____

To receive payment, please return this form to the Treasurer's Folder located in the PTA's mailbox in the Principal's Office, or submit directly to the PTA Treasurer:

Jonathan Wheeler
91 Avalon Court
Fairfield, CT 06824
Cell: 203-521-3186
jwheeler@g3resources.com

Date Paid: _____ Check No. _____ Amount: _____

Budget Line: _____