



SEPTA
Fairfield Special Education PTA, Inc.

REIMBURSEMENT REQUEST

The following funds have been **paid** on behalf of the Fairfield SEPTA, Inc.
(Receipts MUST be attached to this form)

Amount: _____ Date Submitted: _____

Make Check Payable to : _____

Address: _____

Requested by: _____ Email or Phone #

Reason for Reimbursement: _____

Budget Line Item to Record Against: _____

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Approved by: _____ Date: _____
SEPTA President

Approved by: _____ Date: _____
SEPTA Treasurer

Check #: _____ Check Date: _____

Date Recorded: _____