

Treasurer's Use
Approved Amount:
Transaction #:
Date Paid:

LONG LOTS ELEMENTARY SCHOOL

**Parent-Teacher Association
13 Hyde Lane
Westport, CT 06880**

Request for Reimbursement

Date: _____

Check Payable To: _____

Address: _____

Phone Number / E-mail _____

PTA Contact (if different from above): _____

PTA Budget Account and CLASSROOM TEACHER (if applicable):

Reason for Expense: _____

Amount: _____

**Submit to PTA Treasurer's Bin
(located in the LLS Office)**

ORIGINAL RECEIPTS / INVOICES MUST BE ATTACHED