



NEW CANAAN HIGH SCHOOL PARENT FACULTY ASSOCIATION

Expense Reimbursement Form

Name: _____

Address: _____

Please submit this form with original receipts within 30 days of incurring expenses

Date	Activity and Explanation of Expense	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

Volunteer Signature _____ Date _____

Approved by: _____ Date _____
President or Treasurer

Please return form to PFA Drawer in the NCHS Main Office or mail directly to the Treasurer:

Jennifer Tchir
226 Indian Rock Road
New Canaan, CT 06840

jentchir@gmail.com