



2011- 2012 Diversity Day Reimbursement Request Form

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

Total Amount of reimbursement (not including tax): _____

Date of your Diversity Day/Week: _____

Make check payable to: _____

Send check to: _____

Reason for reimbursement (please use other side if more space is needed): _____

Requested by: Shannon Goodchild, SEPTA Diversity Day Committee Chair,
72 Whitewood Dr., Fairfield, CT 06825

(All receipts & this reimbursement should be mailed to SEPTA's Diversity Day Committee Chair, who in turn will submit request to the SEPTA Treasurer.)

Approved by: Traci Garceau, President _____

Peg Ventricilli, Treasurer* _____

SEPTA Board Member _____

• Date received _____ Date check sent _____