



EXPENSE REIMBURSEMENT FORM

From: _____ Date: _____

Phone: _____ Committee: _____

Reimbursement to: _____ In the Amount of: _____

Mail Check to: _____

Describe Item(s) purchased or service(s) received:

Date	Paid to	Description	Amount
Total			

Please attach original invoice(s) or receipt(s) to this check request form. If you have more than one receipt or invoice, you can attach a list of the items and summarize the project total onto this form. Drop off form and receipts in the PTO Treasurer's box in the school mailroom, or mail to:

Brown Middle School PTO Treasurer
 125 Meadowbrook Rd
 Newton, MA 02159

To be completed by Treasurer:

Date paid: _____ Amount paid: _____ Check No.: _____