

**Brookline PTO
Reimbursement Request form**

Date: _____

Name: _____

phone no.: _____

Amount: _____

PAYABLE TO: _____

Account to charge: _____

Item purchased: _____

Committee chairperson : _____

Please remember to attach a receipt.

Please indicate below TO Whom/where the check should be sent:

_____ To be picked up in the office at: **RMMS** or **CSDA** (circle one)

_____ Send to me via backpack mail c/o _____

_____ Mail to PAYEE at this address: _____

_____ OTHER (please specify)

Please send this form along with a receipt to Angela Hultz, ahultz@charter.net
673-6869

If using **Backpack Mail** please send via:
Carolyn Hultz 2-C