



DRISCOLL SCHOOL PTO

Reimbursement Request

Please complete separate form for each Event/Category. Multiple receipts for same Event/Category may be combined.

YOUR NAME:		PHONE:	
EMAIL ADDRESS:			
EVENT/CATEGORY: <u>PTO PROGRAM</u>		<u>TEACHERS ONLY</u>	
Please 'x' one			
<input type="checkbox"/> Annual Appeal	<input type="checkbox"/> Fall Picnic	<input type="checkbox"/> Annual PTO Teacher Fund	<input type="checkbox"/> Administration
<input type="checkbox"/> Arts Equinox	<input type="checkbox"/> Grade 8 Play	<input type="checkbox"/> Classroom Account	<input type="checkbox"/> Principal Account
<input type="checkbox"/> Auction Benefit	<input type="checkbox"/> Holiday Assemblies & Chinese New Year	<input type="checkbox"/> Library Support	<input type="checkbox"/> Vice Principal Account
<input type="checkbox"/> Book Fair	<input type="checkbox"/> Science Fair	<input type="checkbox"/> Technology Fund	<input type="checkbox"/> PTO Expense
<input type="checkbox"/> DASA	<input type="checkbox"/> Science Solstice	<input type="checkbox"/> Teacher Grants	<input type="checkbox"/> PTO Meeting Refreshments
<input type="checkbox"/> Driscoll Directory	<input type="checkbox"/> Spring Fair	<input type="checkbox"/> Expense Pre-Approved by PTO	
<input type="checkbox"/> E-Bulletin & Communications	<input type="checkbox"/> Staff Appreciation	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Early Release Movies	<input type="checkbox"/> Track Meet	Provide reason below	
<input type="checkbox"/> Fall Fling	<input type="checkbox"/> Urban Improv		
REASON FOR PURCHASE: Please provide any specifics			
DATE SUBMITTED:		TOTAL AMOUNT: \$ Receipt(s) totaling the amount of reimbursement must be attached.	
MAKE CHECK PAYABLE TO:			
If payment is to a Vendor or Another Person please provide any relevant information:			
ACCOUNT NUMBER ON INVOICE:		INVOICE NUMBER:	
		PAYMENT DUE DATE:	
MAIL CHECK TO ADDRESS:		DELIVER TO MAIN OFFICE MAIL BOX (For Teachers and Staff only)	
Street			
City		State	Zip Code

➡ **SAVE and EMAIL.** Attachment saved form and all receipt files to your email and send to:
driscollptotreasurer@gmail.com.

OR

PRINT and remit with receipt(s) to PTO Mailbox in Main Office.

OR Mail To:
Driscoll School PTO Treasurer
64 Westbourne Terrace
Brookline, MA 02446

For Treasurer's Use Only:

APPROVED BY (PTO OFFICER):	CHECK DATE:	CHECK NUMBER:	<input type="checkbox"/> CITIZEN'S OLB <input type="checkbox"/> MANUAL
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