**2023-2024 Tootin’ Hills PTO**

**Expense Reimbursement Form**

**PLEASE ATTACH ALL ORIGINAL RECEIPTS**

**Today’s Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Expense:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade or PTO Committee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make check payable to:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Checks will be placed in the main office box, unless otherwise requested.

To submit**:** drop-off in Treasurer’s mail slot in the Tootin’ Hills Office.

Questions? Contact **Heather Latin at 617-584-4405** or email **heather.m.latin@gmail.com**

