

## Brookside PTA Reimbursement Form

Date: \_\_\_\_\_  
To: Michele Merlini  
Treasurer - Brookside PTA  
From: \_\_\_\_\_  
Committee: \_\_\_\_\_  
Re: Reimbursement

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Please Pay: \_\_\_\_\_  
Dollar Amount: \_\_\_\_\_  
For: \_\_\_\_\_  
Committee: \_\_\_\_\_  
Mail To: \_\_\_\_\_

Invoice Attached (Please break out by store location)

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Please forward this form to  
Anthony Merlini C/O Mrs. Lisi Grade 3

Please contact me with any questions 914-302-2068 or wizards5@optonline.net.