



Brookline Early Education Program Parent Teacher Organization

CLASSROOM ACCOUNT EXPENSE REPORT

SUBMITTED BY:

Name: _____
 Classroom: _____
 Address: _____
 (to send check) _____
 Phone Number: _____
 Date: _____

EXPENSES:

| Transaction Date | Description | Amount Spent |
|------------------|-------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL: | | |

Signature: _____
PRINT NAME: _____
Date: _____

Instructions:

1. Complete **SUBMITTED BY** section.
2. Fill out **EXPENSES** section and attach receipts.
3. Sign.
4. Mail form and receipts to:
Rana Razi, Treasurer
BEEP PTO c/o Brookline Early Education Office
Unified Arts Building Room 26
46 Tappan Street
Brookline, MA 02445

If all paperwork is in order, a check will be sent to you within 5 business days.