***Milton Ave School PTO Check Request Form*** *Check #\_\_\_\_\_*

No check will be issued without a completed Check Request Form and supporting documentation (invoices/receipts/proof of payment). Check Request Forms may be:

1. left in the Treasurer Folder in the PTO Box at the school office
2. mailed/dropped off to Sydney Hirsch at 29 Van Doren Ave, Chatham
3. scanned and emailed to mastreasurer@chathampto.com

Contact Treasurer for copy of NJ Sales Tax Exempt Form ST-5 for purchases of goods/services

**Date of Check Request: Requested by:**

**Email: Phone #:**

**Total Amount of Check: $**

**Make Check Payable to:**

**Purpose of the Check Request:**

**Check (or write in) the PTO Committee or Account to be charged:**

|  |  |  |
| --- | --- | --- |
| * 2rd Grade Spirit Cmte- 531100
 | * Family Bingo Night - 522101
 | * PTO Breakfast/Lunch - 524102
 |
| * Yearbook - 531101
 | * Family Fun Night - 501105
 | * PTO Exp - 524100
 |
| * ASE Fall Expense - 515104
 | * Field Day – 520100
 | * Reading Program - 515101
 |
| * ASE Spring Expense - 515106
 | * Field Trips - 516100
 | * Room Parent Expense - 526000
 |
| * ASE Supplies – 515103
 | * Garden Committee- 501112
 | * School Gift - 533100
 |
| * ASE Winter Expense - 515105
 | * Holiday Boutique - 501104
 | * Staff Appreciation - 534100
 |
| * Assemblies - 517100
 | * Milton Mile - 515100
 | * Sunshine - 525100
 |
| * Author’s Day Luncheon- 518102
 | * Movie Night – 501114
 | * Volunteer Appreciation- 525105
 |
| * Birthday Book - 515102
 | * New Family Coffee - 522105
 | * Other:
 |
| * Book Fair - 515100
 | * New Family Picnic – 522100
 |   |

**Deliver Check (check one):**

* Mail to vendor to the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Return to check request submitter via one of the following:
	+ - Leave in MAS office for pick up.
		- Send home with a student (Child’s name and Teacher): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Treasury Use Only: Check #: Check Amount:*

 *Date Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_*