



Chatham Middle School PTO Check Request Form

Please mail or drop off Check Request Form and associated receipts to:
Chatham Middle School, 480 Main St, Chatham, NJ 07928
Attn: CMS PTO Treasurer

Date: _____

Check Payable to: _____

Amount of Check: _____

Purpose of Issued Check: _____

Note: Please utilize the NJ Sales Tax Exempt Form ST-5. Contact Treasurer for a copy to be used for PTO related purchases of goods/services.

Check Requested by: _____

Date Required (No less than 2 weeks from the time of request): _____

Check to be mailed: yes _____ no _____

Address: _____

Picked Up: yes _____ no _____

Please contact Treasurer, Nancy Sasaki at cmstreasurer@chathampto.com with any questions.

To be completed by CMS Treasurer

Account to be charged: _____

Approved by: _____

Check Issued Date/Number: _____