Milton Ave School PTO Check Request Form

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 Alexandra Stienstra at 49 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 Comm	ittee or Account to be charged:	
☐ 3rd Grade Spirit Cmte- 531100	☐ Family Bingo Night - 522101	☐ PTO Breakfast/Lunch - 524102
☐ 3rd Grade 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 follow	ving 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:	