

Mountainside NJ PTO Check Request Form

Instructions: Please be sure to complete this form in its entirety.

- 1. All requests must have original receipts stapled to this form.
- 2. Mountainside NJ PTO is a sales tax exempt organization. Please use the sale tax exempt form when possible.
- 3. Submit your request within 30 days of the incurred expense and allow 7-10 days for processing.
- 4. Provide details in the "Brief Explanation of Invoices/Receipts" section.
- 5. Please drop off your check request form along with all documentation to the PTO mailbox in the schools' main offices.

Date:			
Make check	payable to:		
Name:		Amount: \$	
Address:			
Brief Explai	ittee/Event: nation of Invoices/Receipts:		
Contact Info	ormation:		
	Print Your Name:		
	Phone Number:		
	Your Signature:		
For Treasur	er's Use Only		
Date Paid: _	Check No.:	Amount:	