

**LCJSMS PTO**

**CHECK REQUEST FORM 2020-2021**

**Please complete and submit WITH receipts/invoice attached to:**

**Denise Anderson, Treasurer**

**108 Bellevue Avenue**

**Summit, NJ 07901**

**-or-**

**place in the PTO folder in the main office**

**Date requested:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_

**Amount of check:** \_\_\_\_\_

**Check payable to:** \_\_\_\_\_

**Date required:** \_\_\_\_\_

**Please select one:**

**Need check immediately**

**Send directly to vendor with attached invoice**

**Place back in the PTO folder for pick-up by requestor**

**Deliver to Summit home address** \_\_\_\_\_

**(street address here)**

**Reason for payment/committee/comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Check #:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Given or sent to:** \_\_\_\_\_

**Account charged:** \_\_\_\_\_

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