

LCJSMS PTO CHECK REQUEST FORM 2019-2020

Please complete and submit WITH receipts/invoice attached to:

Mary Krunnfusz, Treasurer
42 Ascot Way
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 number: _____

Date issued: _____

Given or sent to: _____

Account charged: _____