

Cucinella PTO
470 Naughtright Rd, Long Valley, NJ 07853



Purchase Request

Date Submitted: _____

Your Name: _____ Phone: _____

Project/Category: _____

Reason for Item: _____

Date Needed _____

To be purchased by Treasurer _____ Reimbursement to be Requested _____

Date ordered: _____

Amount \$ _____

Please Provide link and Website for items to be purchased by treasurer

Included in annual budget or Approved at meeting (meeting date _____)

Ordered from (Attach description of item and receipt once ordered

If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.

Approved by (PTO Officer) _____ Date _____

Approved by (PTO Officer) _____ Date _____

For Treasurer's Use Only Check #: _____ or Online pay ref #: _____ Date mailed _____