

CUCINELLA PTO  
470 NAUGHRIGHT RD, LONG VALLEY, NJ 07853



CHECK REQUEST

DATE SUBMITTED: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ PROJECT/CATEGORY: \_\_\_\_\_

REASON FOR CHECK:

\_\_\_\_\_

DATE NEEDED \_\_\_\_\_ DATE MAILED / HANDED OVER \_\_\_\_\_

CHECK PAYABLE \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

- INCLUDED IN ANNUAL BUDGET    OR  
 APPROVED AT MEETING (MEETING DATE \_\_\_\_\_)

ADDRESS OF PAYEE (IF NO BILL ATTACHED):

\_\_\_\_\_

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 #: \_\_\_\_\_ DATED: \_\_\_\_\_

DATE MAILED \_\_\_\_\_ LOGGED \_\_\_\_\_ ACCOUNT / CATEGORY: \_\_\_\_\_