



Cucinella PTO

470 Naughtright Rd, Long Valley, NJ 07853

Check Request 2010-2011

Your Name _____ Phone _____

Date Submitted _____

Project/Category _____

Date Needed _____ Date Mailed _____

Reason for Check _____

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

Check Payable to _____

Amount \$ _____

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

Category _____ Check # _____ or Online pay ref # _____

Dated _____

Logged _____