Milton Avenue School PTO Check Request Form Procedures

All committee chairpersons and committee members seeking reimbursement for approved budget expenses must complete the Check Request form following the directions below:

- Expenses must be submitted within 45 days from the date of the event. Please note that any year end/June expenses need to be submitted one week after the last day of school. We will not accept any reimbursements requests after this date due to books being closed out for the year on 6/30/27.

- All original receipts or invoices must be submitted with this form.

- Contact Treasurer for copy of NJ Sales Tax Exempt Form ST-5 for purchases of goods/services

- Check Request Forms may be:
    - mailed/dropped off to MAS Treasurer Jessica Campagna at 65 Weston Ave
    - scanned and emailed to mastreasurer@chathampto.com

Milton Ave School PTO Check Request Form

Check #_____

Date of Check Request: **Requested by:**

Email: Phone #:

Total Amount of Check: $_____

Make Check Payable to: _____

Purpose of the Check Request:

Check (or write in) the PTO Committee or Account to be charged:

☐ 2nd Grade Spirit - 531100	☐ Cupid Dance - 522101	☐ PTO Breakfast/Lunch - 524102
☐ 2nd Grade Yearbook - 531101	☐ Duathlon/Milton Mile - 515100	☐ PTO Expense - 524100
☐ ASE Fall Expense - 515104	☐ Environmental - 501112	☐ Reading Program - 515101
☐ ASE Spring Expense - 515106	☐ Family Fun Night - 501105	☐ Room Parent Expense - 526000
☐ ASE Supplies – 515103	☐ Field Day – 520100	☐ School Gift - 533100
☐ ASE Winter Expense - 515105	☐ Field Trips - 516100	☐ Sunshine - 525100
☐ Assemblies - 517100	☐ Holiday Boutique - 501104	☐ Welcome Back Picnic – 522100
☐ Author's Day - 518102	☐ Hospitality - 534100	☐ Other:
☐ Birthday Book - 515102	☐ Movie Night – 501114	
☐ Book Fair - 515100	☐ New Family Meetup - 522105	

Deliver Check (check one):

☐ Mail to vendor to the following address: _____

☐ Return to check request submitter via one of the following:

- ☐ Leave in MAS office for pick up.
- ☐ Send home with a student (Child's name and Teacher): _____

Approved by: _____

For Treasury Use Only: Check #:_____ Check Amount:

Date Paid:_____ Date Entered: _____