**Check No. \_\_\_\_\_\_\_\_\_\_**

**Lafayette Avenue School PTO**

**Check Request Form**

Submit form to:

Erica Kolodziej – Treasurer

ericakolodziej@yahoo.com / 773-230=9635

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check Payable To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Check to be Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(*NJ Sales Tax Exempt Form ST-5 is available for use. Contact Treasurer for copy to be used for purchases of goods/services).*

**Requested By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check to be:**

**\_\_\_\_\_\_\_ Mailed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_ Picked Up from LAF PTO Mailbox**

 **\_\_\_\_\_\_\_ Picked Up from 127 Chatham St.**

*No check will be issued without a completed Check Request Form and supporting documentation (invoices/receipts/proof of payment). Check Request Forms may be left in the Treasurer Folder in the LAF PTO Mailbox at the school office, brought to a PTO Meeting or mailed/dropped off to Erica Kolodziej, 127 Chatham St.*

*--------------------------------------------------------------------------------------------------------------------------------*

***To be completed by Treasurer***

Check Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account to be Charged \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_