

**TEWKSBURY TOWNSHIP PTA**  
**CHECK REQUEST FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Description of funding request(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Payable to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

Please place requests with attached receipts/invoices in PTA mailbox or send to:

Carolyn Murin  
PTA Treasurer  
104 Philhower Avenue  
Califon, NJ 07830

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*PTA Check #* \_\_\_\_\_ *Amount: \$* \_\_\_\_\_

*Date:* \_\_\_\_\_ *Budget Code:* \_\_\_\_\_

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