

TEWKSBURY TOWNSHIP PTA - CHECK REQUEST FORM



Name: _____

Date: _____, 20____

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:

Jessica Shalhoub
PTA Treasurer
208 Old Turnpike Road
Califon, NJ 07830

PTA Check # _____ *Amount: \$* _____

Date: _____ *Budget Code:* _____
