

CHECK REQUEST FORM 2024-2025 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 30 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 6/30/25.**
- All original receipts or invoices must be attached to this form.
- Please keep a copy of receipts or invoices for your committee's records.
- For all payments for vendors/service providers, a check request form is required for payment directly from PTO. Parents **should not** pay vendors with their personal money and then request reimbursement unless specifically approved by the President/Treasurer ahead of the event.
- Any service providers (contractors, vendors, ASE Teachers, etc.) need to submit an updated W-9 form each year. This W-9 needs to be included with the check request form in order for the check to be processed. Please allow enough time ahead of the payment due date for this process. Check requests with proper documents are processed in 3 days.
- NJ Sales Tax Exempt Form ST-5 is available for use and valid for exemption from sales tax on all purchases (except energy and utility service), if the purchase is directly related to the organization's purposes and made with organization (not personal) funds.
- Submit the completed hardcopy form and back up documentation to: Jackie Milliken, Treasurer, via the PTO Mailbox in the office at SBS, or drop off at 99 Westminster Road. Alternatively, a scanned copy of the completed form and back up documentation can be emailed to SBSTreasurer@chathampto.com.
- For any questions, please contact SBSTreasurer@chathampto.com.

CHECK REQUEST FORM 2024-2025
PTO SOUTHERN BOULEVARD SCHOOL

CHECK # _____
DATE ISSUED _____

Requestor Information:

Date Requested _____

Name _____ Committee _____

Phone # _____ Email Address _____

Payee Information:

Make Check Payable to: _____

Amount of Check: \$ _____

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

<input type="checkbox"/> 2 nd /3 rd Grade Memory Book - 531301	<input type="checkbox"/> Field Trips – 516300	<input type="checkbox"/> Parents events – 527301
<input type="checkbox"/> 2 nd /3 rd Grade Celebrations - 531302	<input type="checkbox"/> Fund Magnets – 510310	<input type="checkbox"/> PTO Year End Breakfast - 524302
<input type="checkbox"/> ASE Expenses - 515300	<input type="checkbox"/> Garden Beautification - 501311	<input type="checkbox"/> PTO Supplies – 524303
<input type="checkbox"/> ASE Supplies – 515300S	<input type="checkbox"/> Green Team -519303	<input type="checkbox"/> School Gifts - 533300
<input type="checkbox"/> Assemblies – 517300	<input type="checkbox"/> Harvest Night – 501307	<input type="checkbox"/> Spirit Wear -501302
<input type="checkbox"/> Author’s Day – 518300	<input type="checkbox"/> Holiday Boutique – 501301	<input type="checkbox"/> Staff Appreciation – 534300
<input type="checkbox"/> Book Fair – 515302	<input type="checkbox"/> HOPE Week -531602	<input type="checkbox"/> STEM afternoon - 519305
<input type="checkbox"/> Class Parties – 526000	<input type="checkbox"/> Hospitality – 527300	<input type="checkbox"/> Student Assistance - 550301
<input type="checkbox"/> Earth Day - 519303	<input type="checkbox"/> I Love to Read – 518306	<input type="checkbox"/> Sunshine - 525300
<input type="checkbox"/> Family Fun Night K/1 st – 519302A	<input type="checkbox"/> Kindness Matters T-Shirts – 519300	<input type="checkbox"/> Walk to School – 519303
<input type="checkbox"/> Family Fun Night 2 nd /3 rd – 519302B	<input type="checkbox"/> Mileage Club – 515305	<input type="checkbox"/> Other:
<input type="checkbox"/> Field Day – 520300	<input type="checkbox"/> New/K Family Welcome – 522300	

Completed Check should be (Circle One):

1. Placed in PTO Mailbox
2. Picked up from the Treasurer's Home (99 Westminster Road)
3. Mailed to: Name _____
Address _____

PTO Expense Information:

DATE	VENDOR	PURPOSE/DESCRIPTION	AMOUNT
TOTAL EXPENSES			\$ _____

Approved by: _____

All expenses must be approved by a PTO Board Member or Committee Head.