



CHECK REQUEST FORM:

Requestor's Information:

Request Date: _____ Phone Number: _____

Name: _____ Email Address: _____

Event: _____

Reason for request: _____

Payment Due Date/Date Needed: _____

Payable To: _____ **Check Amount:** _____

Please check one of the following and provide appropriate information:

Forward Check to:

____ Requestor

____ Payee

Child's Name: _____ Street Address: _____

Classroom: _____ City: _____ State: _____ Zip: _____

Chairperson or PTA Executive Board Member Approval:

Name: _____ Signature: _____

Please Note: All requests must include original or copy of all receipts and a Chairperson or PTA Executive Board Member Signature in order to be processed for payment. Please be advised that in order to ensure compliance with NJ PTA guidelines, we ask that all requests for reimbursement be submitted immediately after the event and that all checks payable to individuals are cashed as soon as possible.

Please send your completed form and all necessary documentation to OCIS/OCPS Main Office
Attention: PTA Treasurer, Sandra (Heng) Han or in an agreed upon alternate location.

Note: All Check Request Forms will be processed within two weeks. If you have any questions, please contact Sandra (Heng) Han, PTA Treasurer, at hansandrak@gmail.com.

Check Issue Date: _____ Check # _____ Check Amount: _____

Treasurer Signature: _____ Co-Signer: _____