

**Summit High School PTO
125 Kent Place Blvd
Summit, NJ 07901**

PAYMENT REQUEST FORM

Requested by: _____ Date: _____

Committee: _____

Amount: \$ _____

Payable to: _____

Name or Company

Address: _____

Reason for Pymt: _____

Check here _____ if documentation is attached

Send payment requests to:

SHS PTO, 125 Kent Place Blvd., Summit, NJ 07901 Attn: Treasurer



PTO Account and Payment Information

Budget Category: _____

Authorized by: _____

Paid by: _____

Check #: _____ Date _____