



901 Pennsylvania Avenue  
Oakmont, PA 15139

## Check Request Form

Requestor's Information	
Your Name	
Your Phone/Email	
Date of Request	
Check Information	
Date Needed	
Make Check Payable To	Name:  Address:   Phone:  Email:
Delivery Method	<input type="checkbox"/> Mail to address listed above <input type="checkbox"/> Hand deliver to: _____
Amount Requested	
Committee/Category	
Purpose of Request	

***\*Please attach a copy of invoice or receipt(s). Return completed forms to PTO mailbox or PTO Treasurer.***

Questions? Please email TreasurerTenthStreet@gmail.com

TREASURER USE ONLY
Approved by: _____ (if over \$500, 2 signatures are required)
Date Issued: _____ Check #: _____ Check Amount: _____
Confirmation # (If applicable): _____