

# Check Request

## Franklin High School



YOUR NAME:	PHONE:
PROJECT/DESCRIPTION:	
DATE SUBMITTED:	

**Please include any receipts and/or invoices related to this check request.**

CHECK PAYABLE TO:	
AMOUNT:	DATE NEEDED:
YOUR SIGNATURE:	

ACCEPTED BY (PTO TREASURER):		DATE:
DATE GIVEN TO REQUESTER:	OR	DATE MAILED:

For Treasurer's Use Only:

Check # \_\_\_\_\_

Category \_\_\_\_\_

Logged \_\_\_\_\_