

Check Request Form

Your Name _____

Phone # _____ Today's Date _____

Please issue a check for the following in association with Strongsville High School PTA.

Item and Description	Amount
_____	_____
_____	_____
_____	_____
Total	_____

*Please attach all supporting documentation to this form.

Your signature _____

Committee _____

Pay check to _____

Address _____

Return this form to the PTA box to the attention of the Treasurer,
or mail to: Hilarie Yankello hyankello@gmail.com
12468 Saddlebrook Ln. Cell: 216-509-6286
Strongsville, OH 44149

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