



One Nolte Drive Kittanning, PA 16201

Date Check Request Submitted

Phone: 724-543-8850

Fax: 724-543-8704

www.acmh.org

FUNDING REQUESTS

Description of (reason for) request:	(Please attach any documentation)			
Requested Amount:		Date Submitted		
Signature – Person requesting funding	ng	Print Name		
Payable to: (Name and Address)				
			 	
	For ACMH For	indation use only:		
Approved: YesNo	_ More Information needed	Date	Cost Center:	
Comments for follow-up information	n:			
Jodi Beers, Executive Director	r(<\$1000)	John I Lewis,	President & CEO ACMH	(>\$1000)