



TAKE A SEAT SPENDING REQUEST FORM

Today's Date:

Requester's Name:

Requester's Email:

- 1. Write brief description of spending request (attach estimate or invoice from proposed vendor):**

- 2. Total cost of requested item/work:**

- 3. Requested completion date:**

Approved by:

HPHS Principal

HPISD District Fine Arts Coordinator

HPHS Theater Manager

SUBMIT COMPLETED FORM VIA EMAIL TO
HP Arts Take A Seat Chair at takeaseat@hparts.org