HP Arts	2017-2018		
Check	Request		
Requested by:	Date Payment needed by:		
(HP Arts Position)	CHECK #:		
Payee/Vendor:	(If check request submitted for TERF)		
	Teacher:		
Address:	School:		
0:4-104-4-17:	Board Approval Date:		
City/State/Zip:	Program # (if applicable)		
Business Purpose of Expense; P		ent	_
(Invoices/Receipts attached)			Amount
*O.I. T		TOTAL	
* Sales Tax will not be reimbursed.		TOTAL	
Distribution of Check:	Deliver Check Re	quest to:	
	Jennifer Murray		
Treasurer to Mail Check to Vendor	4209 Amherst A	4209 Amherst Avenue	
	Dallas, Texas	Dallas, Texas 75225	
School Rep to Pick Up and Hand Deliver to Vendor	jmurray0406@gm	nail.com	
Signature:	Date:		
*Note: For checks to a Program's vendor, please subm	nit 10 days before the pavme	ent is due and no) later than May 31.
*Note: For checks to a Program's vendor, please subm	nit 10 days before the payme	ent is due and no	later than May