

HP Arts 2018-2019

Check Request

Requested by:	Date Payment needed by:
(HP Arts Position)	CHECK #:
Payee/Vendor:	(If check request submitted for TERF)
	Teacher:
Address:	School:
	Board Approval Date:
City/State/Zip:	Program # (if applicable)

Business Purpose of Expense; Program or Equipment (Invoices/Receipts attached)	Amount	
* Sales Tax will not be reimbursed.	TOTAL	

<p>Distribution of Check:</p> <p><input type="checkbox"/> Treasurer to Mail Check to Vendor</p> <p><input type="checkbox"/> School Rep to Pick Up and Hand Deliver to Vendor</p>	<p>Deliver Check Request to:</p> <p style="text-align: center;">Jennifer Murray 4209 Amherst Avenue Dallas, Texas 75225 treasurer@hparts.org</p>
Signature: _____	Date: _____

*Note: For checks to a Program's vendor, please submit 10 days before the payment is due and no later than May 31.