



## HP Arts 2020-2021 Check Request

**Requested by:**

**Date Payment needed by:**

(HP Arts Position)

**CHECK #** (for treasurer use only):

**Payee/Vendor:**

(If check request submitted for TERF)

**Teacher:**

**Address:**

**School:**

**Board Approval Date:**

**Phone & Email:**

**TERF #:**

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

**Distribution of Check:**

Treasurer to Mail Check to Vendor

School Rep to Pick Up and Hand Deliver to Vendor

**Deliver Check Request to:**

Jing Lin

HP Arts Treasurer

7823 Purdue Ave

Dallas, TX 75225

[treasurer@hparts.org](mailto:treasurer@hparts.org)

**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.