



## HP Arts 2023-2024 Payment 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 #:**

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

**Payment Method:**

Treasurer to Mail Check to Vendor

Treasurer to Pay Vendor by Credit Card

School Rep to Pick Up Check and Hand Deliver to Vendor

Deliver Payment Request

to: Sheri Rosen

HP Arts Treasurer

3925 Marquette Street

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.