HP Arts 2025-2026
Payment Request

Requested by: (HP Arts Position)

Date Payment needed by:

CHECK # *(for treasurer use only)*:

Payee/Vendor:	(If check request submitted for TERF)
	Teacher:
Address:	**School:**
	Board Approval Date:
Phone & Email:	**7E5) #**

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

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: Kyle Huckaby
HP Arts Treasurer
3604 Shenandoah Street
Dallas, TX 75205
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.