

# HOP CHECK REQUEST

Committee:

Name:

Phone:

# of Checks Requested:

Description of Expense	Cost
_____	_____
_____	_____
_____	_____
<b>Total</b>	_____

## Check Details

Check Payable to:

Check Delivered to:

## Reminders:

- Allow for two weeks to process check.
- Attach all contracts with the amount to be paid circled or highlighted.
- If you have any questions, please contact HOP Treasurer, Ojas Tamhane, at 978-443-0632.
- Please submit this completed form and corresponding contracts/invoices to Ojas via Haynes Treasurer mailbox at school or send to her at 106 Powder Mill Rd.

***Thank you for your time and commitment to the Haynes School.***