

# Haynes Organization of Parents (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 the HOP Treasurer.
- Please submit this completed form and corresponding contracts/invoices to Haynes Treasurer mailbox at school.

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