

# HPTO Payment Request Form

**Important:** Please attach appropriate paperwork (invoices, receipts) to this form! Reimbursement can not be processed without such documentation. Payment Request Forms should be placed in the Treasurer's Mail Box in the HPTO Office.

Date Submitted: \_\_\_\_\_ Amount: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Description of goods or services:

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Committee budget to be charged: \_\_\_\_\_

Committee Chairperson Signature: \_\_\_\_\_

Phone number of chairperson: \_\_\_\_\_

Email Address of Chairperson: \_\_\_\_\_

## **QUESTIONS FOR THE TREASURER?**

**EMAIL Nancy Buszinski**

**[nbuszin@consolidated.net](mailto:nbuszin@consolidated.net)**

**Treasurer Use Only:** Paid By Check # \_\_\_\_\_ Date \_\_\_\_\_