Highland Park Education Foundation

HPHS Alumni Association

4201 Grassmere Lane
Dallas, TX 75205
214-780-4060

Check Request

Fund: _____

Check Payable to:

Name: _____

Address: _____

City, ST Zip _____

Phone: _____

_____

Email: _____

Check one:

☐ Mail check to payee.

☐ Mail check to person requesting.

Name: _____

Address: _____

City, ST Zip _____

☐ Will pick up check when ready:

Email: _____

Phone: _____

Allow 10 days for payment.

DESCRIPTION	DATE	AMOUNT
	TOTAL DUE	

Signature _____ Date _____

Email: _____ Phone: _____

Please submit original receipts for reimbursement. Submit contract or invoice for vendor payments.