

Hudson High School Music Association

Please fill out as completely as possible!

PAYMENT REQUEST	PAYMENT REQUEST
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(circle one) General Band Choir Orchestra

Date: _____

Your Name: _____

Chk Payable to: _____

Event: _____

Total Check Amount: \$ _____

List of attached Receipts / Details: _____

Comments: _____

Mail to: HHSMA, Box 105, 118 W. Streetsboro St, Hudson, OH 44236

Treasurer's Notes:

Chk Date: _____

Chk ##: _____

Account #: _____

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