

**Heart of Texas Square and Round Dance Association  
REQUEST FOR PAYMENT**

Date \_\_\_\_\_

**Office Requesting Payment**

- \_\_\_\_\_ President
- \_\_\_\_\_ President Elect
- \_\_\_\_\_ Treasurer
- \_\_\_\_\_ Secretary
- \_\_\_\_\_ Editor

**Area Vice Presidents**

- \_\_\_\_\_ Area I
- \_\_\_\_\_ Area II
- \_\_\_\_\_ Appointed Office
- \_\_\_\_\_ Other \_\_\_\_\_

Item	Date	Amount
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____
5. _____		\$ _____
	TOTAL	\$ _____

**Sign and attach all receipts.**

Mail to:

**Dalbert Thiele  
P.O. Box 40  
Aquilla, TX 76622**

Submitted by:

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City/State/Zip \_\_\_\_\_
- Signature \_\_\_\_\_

**For Use by Treasurer**

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date \_\_\_\_\_

Officer \_\_\_\_\_