

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

Date _____

Office Requesting Payment

_____ President

_____ President Elect

_____ Treasurer

_____ Secretary

_____ Editor

_____ Historian

Area Vice Presidents

_____ Area I

_____ Area II

_____ Appointed Office

_____ Other

Item	Date	Amount
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____
5. _____		\$ _____
Sign and attach all receipts.	TOTAL	\$ _____

Mail to:

**Cal & Joyce Waterbury
925 Greystone Dr.
Copperas Cove, TX 76522-7625**

Submitted by:

Name _____

Address _____

City/State/Zip _____

Signature _____

For Use by Treasurer

Check # _____

Amount \$ _____

Date _____

Officer _____