

**Lake Forest High School
Expense Reimbursement/Check Request Form**

Team: _____

Check Request Number: _____ **Approval:** _____

Please fill out the complete form. Include all receipts. Upon completion please submit your request to Team Treasurer.

No checks may be issued without all requested information including team approval sign off.

Date: _____

Expense description:
(include budget line item description)

Payee information

Name: _____

Mailing Address:

Phone number: _____

e-mail address: _____