

**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:** \_\_\_\_\_