



Expense Reimbursement/Check Request

Committee _____ Date _____

Name _____ Telephone Number _____

Amount _____

Description _____

Total \$ _____

Make check payable to: _____

Return the check to: _____

Check is needed by: _____

Approved by: (Chairman required if > \$500; Board required if > \$1,000)

Please return this form with receipts/bills attached to:

LFHS Foundation Treasurer
PO Box 148
Lake Forest, IL 60045

Check # _____ Date paid _____