

St. Charles East High School Drill Team Boosters
1020 Dunham Road
St. Charles, IL 60174

EXPENSE REIMBURSEMENT REQUEST FORM

Date: _____

Committee: _____

Name: _____

Submit check to (if different from above): _____

Address: _____

<u>Type of Expense</u>	<u>Attached Receipts (list amounts)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total _____

Approved by: _____ *payment will not be made without approval signature from the committee chair or a governing board officer.*

For Treasurer's records:
CK# _____ CK Amount _____ Date _____ Category _____