



REQUEST DATE \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_ PHONE \_\_\_\_\_

PAY TO \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Officer Title \_\_\_\_\_

\*Budget Category \_\_\_\_\_

**\*\*DESCRIPTION OF EXPENSE: (must be filled out)\*\***

**EXPENSE ALLOCATION:** (please circle one)

CLASS OF \_\_\_\_\_ ALL LEAGUE OTHER

ITEMIZATION (MUST ATTACH RECEIPTS)

	\$ _____
	\$ _____
	\$ _____
	\$ _____

GLAD APPROVAL: \_\_\_\_\_  
(For class expenses)

BOARD MEMBER APPROVAL: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_