



## Lake Forest High School Applause Expense Reimbursement Request

Name:

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Address:

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Phone:

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Email:

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### Itemized Expenses:

Date	Store/Description	Event	Cost

**TOTAL:**

Please send this form along with receipts to:

**LFHS Applause  
PO Box 728  
Lake Forest, IL 60045**

If you have any questions please email [treasurer@lfhsapplause.org](mailto:treasurer@lfhsapplause.org)