



Lake Forest High School Applause Expense Reimbursement Request

Name:

Address:

Phone:

Email:

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