



Expense Reimbursement/Check Request Form

To: Jim Wagner, Treasurer, IL District – BHS
500 E Irving Park Rd
Itasca, IL 60143-2124

Date _____

From: _____

Address: _____

Make Check Payable To: _____

Event: _____

Date(s) of Event: _____

Expense Items:

- | | |
|----------|--------------|
| 1. _____ | Amount _____ |
| 2. _____ | Amount _____ |
| 3. _____ | Amount _____ |
| 4. _____ | Amount _____ |
| 5. _____ | Amount _____ |
| 6. _____ | Amount _____ |

Total Amount _____

Mail or hand deliver: Include originals or copies of all receipts
Email: Scan and attach all receipts and this form to all emails
Save filled out expense reports by clicking on "save-as."

Mail, Email (as an attachment), Fax or hand deliver to me.

Address: see above

Email: treasurer@illinoisdistrict.org

Cell Phone: 309-531-7077