EXPENSE REQUISITION FORM

Please save a copy of this form, named however you'd like, before completing it.

From

Payable to

Date Incurred	Budget	Description	Amount
	Select a Budget		
	Select a Budget		
	Select a Budget		
	Select a Budget		
	Select a Budget		
	Select a Budget		
		Total	$ 0.00

Requestor signature

Date

President signature

Date

Instructions: Download, rename, fill out form, send to Treasurer@lexhsc.org with receipts