



East Grand Rapids Lacrosse

A TRADITION OF EXCELLENCE

East Grand Rapids Public Schools

EGRHS Lacrosse - Kent County Michigan

REQUEST FOR REIMBURSEMENT OF EXPENSES

(Please print clearly or type)

Address _____

Phone _____

Date _____

Place _____

Purpose _____

Authorized By Coach Vincent _____

Expenses:

Other _____

Lodging (if applicable) _____

Meals _____

Other (list) _____

Total Expenses \$ _____

Less Previous Advance \$ _____

AMOUNT REQUESTED \$ _____

Account No. _____

Date

Signature

Date

EGRHS Lacrosse Representative

Please note: Receipts should accompany all requests for payment.

Please attach to back of this form and mail to:

**EGR Lacrosse
Jill Ferris
3019 Woodcliff Circle SE
Grand Rapids, MI 49506**