BOOSTER

Expense Report

P.O Box 260585, Encino, CA 91426

Name/Email/ Phone No:	
Purpose/Event:	
Dates:	*From:* *To:*

DATE	DESCRIPTION	AMOUNT
	GRAND TOTAL:	

SIGNATURES:

Submitted By:		**Date:**
Approved By:		**Date:**

Insert this form with all receipts attached in a sealed envelope and place in FOLB Treasurer's mailbox.

Treasurer's Use Only:

DATE PAID:_____ CHECK #:_____ BY:_____