

NCHS Redhawk Boys Lacrosse

Payment Request Form

Date _____

Payable To: _____ Amt _____

Address: _____

City _____ ST _____ Zip _____

Phone _____

Requester's Signature _____

Detailed description of Expense

Receipts must be attached - please submit within 45 days of expense

Remit To James Schelli
1410 Ginger Lane
Naperville, IL 60565

Check # _____

Date Paid _____

Expense Acct # _____

Check paid _____