

**LearningQUEST Expense Form**  
(Please print all information clearly.)

Date: \_\_\_\_\_

Total spent: \_\_\_\_\_

Item(s) purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payee: \_\_\_\_\_

Committee/Special Event: \_\_\_\_\_

Authorization: \_\_\_\_\_

Signature of either the Committee Chair or Lead incurring the expense or an Officer of LearningQUEST.  
The Payee and Authorization cannot be the same person.

**\*\*ATTACH ALL RECEIPTS\*\***

LQ-Doc-006-R3

February 11, 2014

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