



# GREATER LOS ANGELES AMATEUR RADIO GROUP

## VE TEAM EXPENSE REPORT

Name : \_\_\_\_\_ Call sign: \_\_\_\_\_

Email \_\_\_\_\_

Session ID: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address, City, ST ZIP:

Facility Name:

Quantity	Type of Fee	
	Exams @ \$5/exam	
	Re-exams @ \$5/exam	
	Admins Only @ \$2/application	
<b>Total Fees Collected</b>		

Type of Expense	Amount
• Telephone	
• Postage	
• Reproduction	
• Stationary Supplies	
• Refreshments	
• Facilities	
• Travel	
• Insurance	
• Other (explain below)	
<b>Total Team Expense</b>	
<b>Total to GLAARG (Fees Collected minus Team Expense)</b>	

Explanation (if any): \_\_\_\_\_

Return this form with a check or checks made out to GLAARG. Enclose the Roster, Forms 605, and answer sheets, whether they pass or fail. Make a copy of the roster, expense report and checks. Send the package to: GLAARG VEC, PO Box 500133, Palmdale, CA 93591