

GLAARG VE EXPENSE REPORT AND SESSION SUMMARY

Name:	Call Sign:	
E-Mail:	GLAARG VE#:	
Session ID:	Date (mm/dd/yyyy):	

Session City, ST ZIP / or Remote:

Quantity	Fee Туре	Total
	Testing Fee @ \$10.00	
	Retesting Fee @ \$10.00	
	GLAARG Exam Credit Waiver @ \$0.00	
	Total Fees Collected	

Type of Expense	Amount
Postage	
Testing supplies	
Refreshments	
Travel	
Copies	
PayPal/invoice fee	
Admin fee	
Other (enter and explain below)	
Total Team Expense	
TOTAL TO GLAARG	

Total number of applicants	
Number of examinees passed	
Number of examinees failed	
Number of elements passed	
Number of elements failed	

Other expense Type:	Amount:
Make Payment via PayPal or Venmo to: exams@glaarg.org Or send a check or money order to: GLAARG Inc. 23371 Mulholland Drive #186 Woodland Hills, CA 91364	S. P. O. M. C.
Scan or take a picture of this Expense/Session report, the 60 attach them to an e-mail to send them to vec@glaarg.org. Do not send answer sheets or failed applicant info. DO NOT SEND PAPER TO THE VEC. KEEP YOUR PAPER and then you can destroy them.	ZULANUS