GLAARG VE EXPENSE REPORT AND SESSION SUMMARY

Name:			Call Sign:		
E-Mail:			GLAARG VE#:		
Session ID:		Date (mm/dd/yyyy):			
Session Ci	ity, ST ZIP / or Remote:				
Quantity	Fee Type			Total	
_	Testing Fee @ \$10.00)			
	Retesting Fee @ \$10.				
	GLAARG Exam Credi	it Waiver @ \$0.0	0		
			Total Fees Collected		
Type of	Expense	Amount			
Postage			Total number of applicants		
Testing supplies		<u> </u>	Number of eveninees pessed		
Refreshments		<u> </u>	Number of examinees passed		
Travel			Number of examinees failed		
Copies			Number of elements passed		
PayPal/invoice fee			Number of elements passed		
Admin fee			Number of elements failed		
Other (er	nter and explain below)				
Total Te	am Expense				
TOTAL	TO GLAARG				
Other ex	pense Type:	_	Amount:		
Maka Bay	ment via PayPal or Ze	llo to: ovame@a	daara ora		
	check or money order to		plaarg.org	1	
GLAAR				S (CI)	
	rentwick PL				
Indiana	polis, Indiana 46237			L /w	
		•	ort, the 605's, and the Roster sheet ar	nd o	
attach ther	m to an e-mail to send tl	hem to vec@glaa	arg.org.	1/0	

DO NOT SEND PAPER TO THE VEC. KEEP YOUR PAPER RECORDS FOR 15 MONTHS

Do not send answer sheets or failed applicant info.

and then you can destroy them.