



LEAP REIMBURSEMENT REQUEST FORM

- 1) Complete this form and submit to LEAP within 30 days. (Drop off in LEAP mailbox at Leal Elementary School Office or email signed form to LEAP Treasurer at leaptreasurer1@gmail.com)
- 2) Please attach copy of receipt and circle/ highlight receipt items or total.
- 3) For reimbursements over \$100, a signature of approval from a LEAP Board member is required.
- 4) Reimbursements will be processed within 15 business days. You will be notified when the check is ready for pick up at Leal office. Provide mailing address if you are not able to pick up the check at the office.

NAME _____

PHONE _____

EMAIL _____

ADDRESS _____

ZELLE ID* _____

* If you prefer to be reimbursed via Zelle, provide (1) Email or cell phone number for Zelle ID (2) Full name of Zelle account holder

DATE	BRIEF DESCRIPTION OF ITEM(S)	PURPOSE (EVENT/ACTIVITY)	COST**

** If more than one receipt, list total amount separately in each row.

TOTAL _____

SIGNATURE _____

DATE _____

LEAP BOARD MEMBER - PRINT NAME AND SIGNATURE: _____