



# LEFA EXPENSE REIMBURSEMENT FORM

(Please print)



Date: \_\_\_\_\_ Person requesting reimbursement: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Reimbursement: \$ \_\_\_\_\_

Check should be made out to: \_\_\_\_\_

Check should be mailed to: \_\_\_\_\_

Circle budget category below, AND identify specific reason this expense was incurred.

**BUDGET CATEGORIES: (circle all that apply for this receipt and provide detailed breakdown below if needed)**

**CAMPS CHARITY/DONATIONS/SPONSORSHIP CHEER COACH EXPENSE (cert/mileage)**

**CONCESSIONS EQUIPMENT FLAG FOOTBALL FUNDRAISING POSTAGE/OFFICE**

**SUPPLIES PRINTING/ MARKETING PROGRAMS TACKLE FOOTBALL OTHER: \_\_\_\_\_**

**Details:** \_\_\_\_\_

RECEIPT(S) ATTACHED (CIRCLE ONE):  YES  NO

If no, please give explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*Reimbursement will be processed and check given in person or mailed to the address above within one week of the date of receipt of this Reimbursement Form.**

Board of Directors only:

Date received: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Date paid: \_\_\_\_\_ Check # \_\_\_\_\_ Completed by : \_\_\_\_\_