

**L . E . A . P . O R G .**

**EXPENSE/REIMBURSEMENT CLAIM FORM**

In order to receive reimbursement for approved organization operation expenses, this form should be received by the Treasurer within 30 days of incurring the expense. Expense claim forms received later than this date will be subject to non-approval or a delayed reimbursement.

For approval of reimbursements/expenses all receipts or invoices must be presented prior to authorization. No transactions will be conducted without proper documentation given to the treasurer. No exceptions.

**CLAIMANT INFORMATION**

Name:		
Address:		
City:	State:	Zip Code:
Telephone Number	(     )	Email Address:

**PURPOSE OF EXPENSE**

<b>EXPENSE</b>	<b>DESCRIPTION</b>	<b>TOTAL</b>
Supplies		
Printing		
Meals		
Travel		
Other (specify)		

Total of All Expenses: \$ \_\_\_\_\_

Make Check payable to: (Please Print) \_\_\_\_\_

Send Check to this Person/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Claimant Signature/Date

\_\_\_\_\_  
Treasurer/Date