



# Leroy School Association, Inc.

## Reimbursement Form



Please complete the form below for reimbursement of purchases made on behalf of the Leroy School Association (LSA). Receipts **MUST** be attached for prompt payment. Please contact Amy Goletz with questions at 440 867 2500 or email at amygoletz@yahoo.com. Thank you!

**Date:** \_\_\_\_\_

**Purpose of Funds:** \_\_\_\_\_

**Payable To:** \_\_\_\_\_

**Reimbursed Amount:** \_\_\_\_\_

**Submitted By:** \_\_\_\_\_

Items for Reimbursement:	Amount:
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____
6) _____	\$ _____
7) _____	\$ _____
8) _____	\$ _____
9) _____	\$ _____
10) _____	\$ _____

Please attach all receipts.

**Total:** \$ \_\_\_\_\_