**LEADERSHIP PRIZE**

**Allocation / Purchase Request Form**

Please email this form to Dr. Jodean Schmiederer ([jschmiederer@elon.edu](mailto:jschmiederer@elon.edu)) and Melody Harter ([mharter@elon.edu](mailto:mharter@elon.edu))

or bring it to the Center for Leadership (Moseley 230).

NOTE: You **must** obtain approval **prior** to any purchases or expenses incurred.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | | |  | Datatel #: |  |
|  |  | | |  |  |  |
| Cell Phone: |  | | |  | Campus Box: |  |
|  |  | | |  |  |  |
| Mentor: |  | | |  |  |  |
|  |  | | |  |  |  |
| Date requested: |  |  | Total amount requested: | | |  |
|  |  |  | (in USD$) | | |  |

|  |  |
| --- | --- |
| **Description:**  Provide details on the event (including dates), project, items to be purchased, and estimated or actual costs. Include links or webpages (when appropriate) and attach any supporting documents.  *If you need a check mailed to an address other than your campus box, please indicate that in the description box as well.* |  |

**Mark the appropriate box to indicate how you would like the funds allocated:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reimburse the student for out-of-pocket expenses. | | |
|  | (Original receipts are required and must be labeled with name and purpose) | | |
|  |  | | |
|  | Make check payable to: |  | |
|  |  |  | |
|  | Purchase by the Center for Leadership. | | |
|  | (Call Melody Harter at 336.278.5323 to schedule an appointment.) | | |
|  |  | | |
|  | Transfer funds to this department: | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For Office Use** | | | | | | | | | | | |
| Budget #: |  | | | |  | Category: |  | | | |
| Starting balance: | |  | | |  | Ending: |  | | | |
| Approved by Dean Jodean Schmiederer | | | |  | | | |  | Date: |  |
| LP budget entry/ COMMENTS: | | |  | | | | | | | |