



LF Edge Meetup Reimbursement Request

Please Print

Name: _____

Mailing Address: _____

Phone: _____

Email Address: _____

Date of Global Meetup	Location of Global Meetup	URL of Meetup Page	Total Cost (maximum \$250 USD)

Reimbursement will be made in US Dollars using conversion rate on date of wire transfer.
Please allow 30 days from date of receipt for reimbursement.
A copy of all receipts must be attached as one PDF file.
Residents of the United States will be reimbursed by check to the Mailing Address stated above.

Signature & Date _____

Approved by Brett Preston on (Date) _____

Wire Remittance Information Request *

I hereby authorize LF Edge Foundation to initiate wire payments to my account at the financial institution named below. Further, I agree not to hold LF Edge responsible for any delay or loss of funds due to incorrect or incomplete information supplied by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until LF Edge receives a written notice of cancellation from my financial institution, or until I submit a new wire payment form to LF Edge.

NAME ON BANK ACCOUNT: _____

ADDRESS ON BANK ACCOUNT: _____

Your Bank Information:

Beneficiary Bank Name: _____

Beneficiary Bank Address: _____

International Routing (SWIFT) Code: _____

Your Account Number: _____

Intermediary Bank Name (if applicable): _____

Intermediary Bank Address: _____

Intermediary Bank ABA Routing Number: _____

Signature: _____

Printed Name: _____