



WAUKEGAN PUBLIC LIBRARY
REIMBURSEMENT REQUEST FORM

Employee Name _____

Date _____

Date Check Needed _____ Request due by the 10th and 25th of each month

Amount _____ Checks are cut on the 15th and 30th of each month

Payable to:

Name _____

Address _____

Reason for Reimbursement

Description

Amount

Mileage (from back)

Total

Please attach any supporting documentation and forward to Business Office for processing.

Approval

Department Head/Manager _____

Controller _____

Account Number _____

Date Paid _____

Check Number _____

This form is to be used to reimburse employees for all WPL related expenditures.

All expenditures should be pre-approved by Department Head or Manager prior to purchase.

Lack of documentation or proper approvals could delay check processing.

[illegible]