



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]