WAUKEGAN PUBLIC LIBRARY
REIMBURSEMENT REQUEST FORM

Updated 02-Apr-2024

Employee Name _____
Date _____
Date Check Needed _____
Amount $ 0.00

Request due by the 5th and 20th of each month
Checks are cut on the 10th and 25th of each month

Payable to:
Name _____
Address _____

Reason ~~for~~ Reimbursement	Description	Amount
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
	Mileage (enter on next page)	$ 0.00
	Total	$ 0.00

Program Name _____
Grant Name (if applicable) _____
Account Number _____

Approval
Department Manager _____
Supervisor _____
Finance Manager _____
Executive Director > $500 _____

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

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REIMBURSEMENT REQUEST FORM

MILEAGE BY PERSONAL VEHICLE

Date	From	To	From	To	Miles Driven
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
				Total	**0.00**
				Rate	$ 0.67
				Milage to be Reimbursed	**$ 0.00**

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