

**LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE**

1343 E. 7<sup>th</sup> St.-Lockport, IL. 60441

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**PREAPPROVAL/REIMBURSEMENT REQUEST**

This reimbursement request is used when an employee has used personal funds to pay for LASEC supplies, equipment or services. Expenditure must be pre-approved by the Director using either a purchase order or this form. This request may not be used to reimburse inservice fund expenditures.

Instructions for completing form:

1. Attach original receipts if requesting reimbursement.
2. Itemize and describe each purchase including estimated cost for preapprovals.
3. Submit to the Director to approve purchases and reimbursements.

The following is a request for preapproval or reimbursement.

DATE OF TRANSACTION	DESCRIPTION OF TRANSACTION	PURPOSE/PROGRAM TO BE CHARGED	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

Submitted by: \_\_\_\_\_ (Employee) \_\_\_\_\_ (Date)

Approved by: \_\_\_\_\_ (Director) \_\_\_\_\_ (Date)

**Return completed form to Executive Director for approval**

*For Business Office Use Only*

Total Amount: \$ \_\_\_\_\_ Vendor #: \_\_\_\_\_ Check # \_\_\_\_\_  
 Account #: \_\_\_\_\_ Date: \_\_\_\_\_

Original: Business Office cc: Employee