



1343 E 7<sup>th</sup> St, Lockport, IL 60441  
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## Pre Approved/Reimbursement Request

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

Please note the following when completing this form:

- Attach original receipts – please use the tax exempt form when making purchases as tax will not be reimbursed. Please see the LASEC executive secretary for a copy of the tax exempt form.
- Itemize and describe each purchase including what the item/service will be used for.
- Submit to LASEC Executive Director for approval.

Preapproval

Reimbursement

Date	Description	Purpose	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_