

# REIMBURSEMENT REQUEST FORM



## LIVINGSTON EDUCATIONAL SERVICE AGENCY

### REIMBURSEMENT REQUEST FORM *(for purchases made w/o a purchase order)*

Account #: \_\_\_\_\_ Vendor #: \_\_\_\_\_  
*(for Finance Office Use Only)*

Pay To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for Payment (Please be specific):  
\_\_\_\_\_

Amount: \$ \_\_\_\_\_  
**Attach Receipt(s)**

Signature (of Purchaser): \_\_\_\_\_ Date: \_\_\_\_\_

Approval (of Supervisor): \_\_\_\_\_ Date: \_\_\_\_\_

Please submit for payment to: Livingston Educational Service Agency  
1425 W. Grand River Ave  
Howell, MI 48843  
Attn: FINANCE DEPT.