



LLI EXPENSE REIMBURSEMENT FORM

Form is used to request reimbursement for NON-TRAVEL expenses.

Contact the LLI Treasurer or LLI Liaison, Kim Forney, 630-466-2880, if you have any questions.

NAME OF PERSON TO BE REIMBURSED – To be completed by LLI Member	
Name:	X #:
Street Address:	
City, State, Zip:	
Amount to be Reimbursed:	
Purpose for Reimbursement:	

To be completed by LLI Member - enter Quantity (QTY) and Unit Price for Total Cost to calculate.

Description	Unit of Measure	Quantity	Unit Price	Total Cost

*Send completed form with backup documents to Kim Forney, COL 132.
Enclose detailed/itemized receipts and supporting documentation (event flyer, etc.) in an envelope and staple envelope to this form. Please do not staple or tape receipts to this form.*

TOTAL:

Provide FOAPAL to be used for this reimbursement – to be completed by Strategy and Community Development

FUND	ORG.	ACCOUNT	PROGRAM	ACTIVITY	LOCATION

Administrative Signature / Strategy and Community Development

Date