

Illinois Valley Community College Request for Reimbursement

All receipts must be attached. Sales tax is reimbursed.

Make check payable to:

Name:

Colleague ID #:

Address:

City: State: Zip:

A request for reimbursement is for purchases of \$300.00 or less.

Any purchase over \$300.00 requires a purchase order.

Reimbursement for:

Account Number - All 15 digits
(no dashes, lines are place holders only)

Amount
(\$ signs will be entered automatically)

Total: _____

Send via campus mail

Send via US mail

Signature: _____

Date: _____

Approved by:

Supervisor Signature: _____

Date: _____