



Reimbursement Form

LAKE COUNTY EDUCATIONAL SERVICE CENTER

REIMBURSEMENT FORM

Purchase Order Number _____

Name _____

For: _____

Purchased from: _____

Date of purchase: _____

Amount: _____

All Reimbursement Forms Must Be Accompanied By Documentation/Proof Of Purchase.

Sales Tax Will Not Be Reimbursed.

Approved: _____ Denied: _____

Supervisors Signature _____

Superintendent/Designee _____

Date _____