Lifeworks Services, Inc. Reimbursement Form

- Completed reimbursement requests are due by **Friday at 5:00 p.m**. to be paid on Friday of the following week.
- If past 5:00 p.m.or missing required documentation the request will not be processed for payment the following week.
- Lifeworks can only reimburse expenses up to 10 months past the date of service/purchase.
- Documentation must be in the same order as it's written on the reimbursement form.

Lifeworks Coordinator: _____ **Month:** _____
(One month per page)

Participant Name/ID: _____

Please Issue Check to: _____

Mail Check to (Address): _____

Corresponding Receipt #	Date:	Budget Task:	Description:	Amount Request	Amount Approved
			Total:		

Requirements to avoid a delay in payment, check the boxes below to verify the information

- ☐ There are enough funds in the budget to process this request
- ☐ These items are approved in the current plan
- ☐ The form is signed and dated by the Support Manager
- ☐ The required documentation has been provided to complete this request

Support Manager Signature (Required): _____ **Date:** _____

FOR OFFICE USE ONLY: Amount: _____ **Approved:** _____

Amount: _____ **Approved:** _____

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Email: Reimbursements@lifeworks.org