Lifeworks Services, Inc. Reimbursement Form

- Completed reimbursement requests are due by **Wednesday at 5:00 pm** to be paid on Friday of the following week.
- If past 5:00 pm, or missing the required documentation and/or signature, the request will **NOT** be processed for payment the following week.
- Lifeworks can only reimburse expenses up to **60 days past the date of service/purchase**.

Lifeworks Coordinator: _____ **Month :** _____ (**ONE** month per request form)

Client Name/ID: _____ **Support Manager:** _____

Please Issue Check to: _____

Mail Check to (Address): _____

Corresponding Receipt #	Date	Budget Task	Description	Amount Requested
			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:** _____

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