

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: _____

Mail: Lifeworks Services, Inc.
6636 Cedar Ave S, Suite 250
Richfield, MN 55423

FAX: 651-454-2773
Email: Reimbursements@lifeworks.org

This information can be made available in an alternate format upon request. Our TTY phone number is 651-365-3736. Equal Opportunity Employer. Updated 10/15/19