## Springfield Library Reimbursement Request General Purchases

*Please staple the receipt(s) to this form.* 

| Requested<br>By:    |                             |
|---------------------|-----------------------------|
| Date:               |                             |
| Checking            | □ Operations Account (5062) |
| Account:            | ☐ Grants Account (5586)     |
|                     | Grant Name:                 |
| Vendor:             |                             |
| Budget<br>Category: |                             |
| Amount:             |                             |