

Attleboro Public Library Request for Reimbursement

Last Name: _____

First Name: _____ Middle: _____

Library Card #: _____

Mailing Address: _____

City / State / Zip: _____

Item Name: _____

Reason for reimbursement request:

Signature: _____ Date: _____

If you are requesting a reimbursement of \$50 or more, you must also submit a W9 form.

Reimbursement requests are reviewed and handled on a case-by-case basis. You will be notified whether your reimbursement request is approved. Please expect to wait four to six weeks after approval for check to arrive in the mail.

Staff (Buyer) Section

Approved: Y / N Date: _____ Initials: _____ Amount: _____

Item ID: _____ Item Call #: _____

Note: _____