SELCO Legacy Reimbursement Request Form

Email your complete form ***along with supporting expense documentation*** to SELCO's Legacy Program Librarian. If your receipts/invoices include items not covered by Legacy grant funding, please clearly highlight only the expenses for which you are requesting reimbursement.

Project Name

Library

Project Director

Total Reimbursement Amount
$

Payment Method

- ☐ Mailed Check (may take up to 6 weeks)
- ☐ ACH Direct Deposit (may take up to 2 weeks)

Make Checks Payable To (for mailed checks only)

Mailing Address (for mailed checks only)

Project Director's Signature
Please type your name below. By doing so, you acknowledge that the information provided by you is true and correct to the best of your knowledge

Date