



For Internal Use Only
Date Received _____
Entered By: _____

AUTHORIZATION FOR REIMBURSEMENT

Date of Request: _____

**Please note that it may take 7-14 business days to receive reimbursement.*

Please complete and submit this form to authorize reimbursement from your LiLA account for personal expenditures for approved education and training activities.

1) LiLA ACCOUNT OWNER INFORMATION

LiLA Employee Account Number: _____

Mailing Address: _____

Home Phone Number: _____

City/State/Zip: _____

Work Phone Number: _____

Email Address: _____

Cell Phone Number: _____

2) EDUCATION AND TRAINING ACTIVITIES (Please provide a brief description of LiLA approved education and training activities for which you are seeking reimbursement)

3) AUTHORIZATION

I hereby authorize the Washington State Lifelong Learning Account Program (LiLA) to withdraw funds in the amount indicated below from my LiLA Savings Account to reimburse my personal expenditure for approved LiLA education and training activities. I understand that the LiLA Program Administrator will approve reimbursement upon submission of: 1) Form E-Step 4 of my Career Development Plan; and 2) copies of receipts for expenditures. I understand that the total account balance available to me for reimbursement will be the sum of my account contributions plus the amount of matching contributions made by my employer. I understand that a check will be issued directly to me for the requested amount or an amount not to exceed the combined total amount of my and my employer's contributions.

- Form E-Step 4 Attached
- Copies of Receipts Attached

Reimbursement Amount Requested \$ _____

LiLA Account Owner Signature

Date

(See reverse side for mailing instructions)

LiLA Administrator Approval

- Form E CDP Step 4 Submitted/Approved
- Copies of Receipts for Expenditures Reviewed/approved

Employee Account Balance	\$ _____
Employer Matching Funds	\$ _____
Total Available LiLA Funds	\$ _____
Amount Requested	\$ _____
Approved for Reimbursement	\$ _____

LiLA Program Administrator Signature

Date

Please send completed form with attached receipts and Career Development Plan Form E-Step 4 to:

Workforce Training and Education Coordinating Board

Attn: Mike Brennan, LiLA Program Administrator

128 - 10th Avenue, SW

Olympia, WA 98504-3105

Phone: (360) 709-4616

Email: mike.brennan@wtb.wa.gov