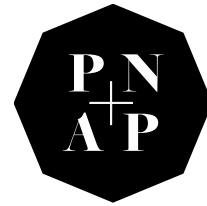


# Expense Reimbursements



**Prison+  
Neighborhood  
Arts  
Project**

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\* Submit all receipts. If you do not have a receipt, please indicate. \*

Date	Amount	Vendor	Fund *select from category below	Expense Type *select from category below	Receipt attached (Y/N)
Total					

Fund	
<input type="checkbox"/> Unrestricted	<input type="checkbox"/> I & G Staff
<input type="checkbox"/> IL Humanities	<input type="checkbox"/> I&G
<input type="checkbox"/> SAIC	<input type="checkbox"/> NEIU
<input type="checkbox"/> Woods	<input type="checkbox"/> Poetry
<input type="checkbox"/> IL Arts Council	
<input type="checkbox"/> Other _____	

Expense Types	
<input type="checkbox"/> Class Materials	<input type="checkbox"/> Exhibitions and Events
<input type="checkbox"/> Stipends / Guests	<input type="checkbox"/> Stipends / Staff
<input type="checkbox"/> Stipends / Faculty	<input type="checkbox"/> Stipends / Service
<input type="checkbox"/> Projects	<input type="checkbox"/> Food
<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Office Supplies
<input type="checkbox"/> Miscellaneous	