For The Month of: 

**Sally Jones**

**Participant Name:**

(Please Print)

**Nancy Lee**

**Check Payable To:**

(Please Print)

<table>
<thead>
<tr>
<th>Date of Expense</th>
<th>Activity</th>
<th>Budget Category</th>
<th>Expense Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2019</td>
<td>Movie Ticket</td>
<td>Staff Activity</td>
<td>$9.50</td>
</tr>
<tr>
<td>1/26/2019</td>
<td>St. John's Basketball game @ MSG</td>
<td>Staff Activity</td>
<td>$75.00</td>
</tr>
<tr>
<td>26-Jan</td>
<td>Roundtrip LIRR to NYC for game</td>
<td>IDGS Transport</td>
<td>$22.50</td>
</tr>
<tr>
<td>1/13 &amp; 20</td>
<td>Computer Class @ Public Library</td>
<td>Community Class</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

**TOTAL** $160.00

**Sally Jones or Designee** Signature Sample (required for all forms) 1/28/2019

Signature of Participant/Designee (required)

**Nancy Lee** Signature Sample (only if staff is requesting reimbursement) 1/26/2019

Signature of staff person seeking expense reimbursement

**NOTE:**
1. Original ITEMIZED Receipts MUST be attached.
2. Form must be submitted MONTHLY within 30 days following the expense.
3. W-9 required for all Community Classes and Contractors.
4. Complete Bill and Proof of Payment required with each request.

revised 1/19 ISS (JJ)