

**Urbana-Champaign Independent Media Center**

Attn: Treasurer / 202 S Broadway Ave, Suite 100 / Urbana, IL 61801

**Request for Reimbursement**

Please reimburse the following person:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

For the following expense:

Purpose: \_\_\_\_\_

Total Amount (excluding taxes): \_\_\_\_\_

Working Group to Bill: \_\_\_\_\_

Please attach either:

- an invoice or bill, and a payment receipt;
- an invoice or bill marked "paid" by the vendor.

We will send a check to the address specified above once the expense is confirmed.

► The IMC does not reimburse taxes. Please use our 501(c)3 forms to obtain a bill or invoice without taxes.

**Upcoming Bill Notification**

When a bill comes in the IMC mail, we need to know which working group it belongs to.

Bill From: \_\_\_\_\_

Purpose: \_\_\_\_\_

Amount: \_\_\_\_\_

Working Group to Bill: \_\_\_\_\_

**Internal IMC Transfer**

Transfer to General Fund **from** Working Group: \_\_\_\_\_

Transfer from General Fund **to** Working Group: \_\_\_\_\_

Amount: \_\_\_\_\_

Justification: \_\_\_\_\_

☛ **For all requests, fill-in the following:**

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Internal use only:

QB Entry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ By: \_\_\_\_\_