



# New York State Association of Incarcerated Education Programs Inc.

**President – Signe Nelson**  
 Vice President- Mari Ukleya  
 Secretary -Nancy Viggiani  
 Treasurer- Joseph A. Powlina

Your Name:	Date Submitted:
Date Expense Incurred:	<b>Amount Requested: \$</b> _____
Brief Explanation of Expense:	
Vendor Name where debit card or check was paid to:	
If Check is requested for reimbursement – FULL NAME & ADDRESS of PAYEE: (Your check will be mailed to you.)	
Name:	Address:
City:	State:      ZIP:

**OFFICE USE ONLY:**

Check # _____	Budget Code: _____	Hand Delivered: _____ or Date Mailed: __/__/__	Check: <input type="checkbox"/> Debit Card: <input type="checkbox"/>
Approval Signatures: Need (2) for approval – Min. of President or Treasurer needing to be one of signers:		President: _____ / Treasurer: _____ Other Board Member : Title: _____ Signature: _____	