



REIMBURSEMENT VOUCHER
Fiscal Sponsorship Program - Emerging Organizations

New York Foundation for the Arts

Complete sections 1-7. Please type or print legibly.

1 Organization Name: _____
 Group Number: _____
 Date Submitted: _____
 Contact: _____
 Phone or email: _____

Payment Schedule
Requests received by 5PM Friday will be issued on Tuesday (after 4PM).

2 Type of Reimbursement (please check one)
 Regular Reimbursement
 Receipts from a previous Cash Advance issued to: _____ in the amount of \$ _____

3 Please make check payable to: _____ in the amount of \$ _____

- 4** Payment Request Instructions:
- ▶ NYFA CAN ONLY REIMBURSE RECEIPTS UNDER ONE YEAR OLD.
 - ▶ ANY INDIVIDUAL RECEIPTS OR EXPENSE OVER \$250 MUST BE SUBMITTED ALONG WITH PROOF OF PAYMENT (EITHER A COPY OF THE CANCELED CHECK OR CREDIT CARD/ BANK STATEMENT(S))
 - ▶ Use one voucher per payment request. Itemize your attached copies of receipts below. This voucher should only be used for reimbursement of out-of-pocket expenses. If you have more than 10 receipts, you must use another voucher.
 - ▶ Use the General Ledger Code Sheet to complete Code column.
 - ▶ For payments for services, you must use an INVOICE PAYMENT VOUCHER. Do not pay directly and ask for reimbursement.
 - ▶ Check Dispersal section (see section 6 below) must be completed in order to process each check request.

Date Paid	Paid To	Explanation	Code	Amount Paid
TOTAL				

5 Sub-total by code categories from amounts listed above:

Code	Sub-Total	Code	Sub-Total	Code	Sub-Total

For NYFA Use Only
Vendor #: _____
Processed by: _____
Balance: _____
Finance Officer: _____
Program Officer: _____

6 Check Disbursement (please check one):

Pick up after 4 PM. by Org. Pick up after 4 PM. by Payee
 Mail to Payee (a self-addressed, stamped envelope, **with any thing you wish to be included inside**, must be provided). Mail to Organization
 Special Instructions: _____

7 Authorized Signature (required): _____ Date: _____