

## Expense Tracking for Substance Abuse Prevention Fund Grants

Please complete this sheet for each approved grant within 14 days of the event. If there are multiple events to be held within the grant period, please submit one of these sheets each time you submit purchasing paperwork to the Business Office to assist with reconciliation of accounts. If you have any questions, please contact me at 309-298-2457.

**Return this completed form to:**  
**SAPE Grant Committee, Seal Hall 208, or e-mail [aod@wiu.edu](mailto:aod@wiu.edu)**

FOR PURCHASE(S) MADE WITH SAPE FUNDS, COMPLETE THE FOLLOWING INFORMATION. MAKE ADDITIONAL COPIES AS NEEDED.

**NAME OF SAPE GRANT EVENT:** \_\_\_\_\_

Please give enough detail below for VPSS to be able to match items purchased with invoices/P-card statements.

DATE	VENDOR/*ACCOUNT # (Pay to...)	Item(s) Purchased	Purchase Order #	P-card Number/Name	*Other Method of Purchase

\*Having received prior VPSS approval, we arranged for reimbursement funds to be transferred to Account # \_\_\_\_\_.

**Submitted by:**

<b>NAME (please print or type):</b>	
<b>EVENT SPONSOR (dept. or org.):</b>	
<b>DATE SUBMITTED:</b>	