



## Give me my money! Reimbursement Form

This form is for items purchased by an organizer who need to get reimbursed! These forms need to submitted to VAE by September 30 and ALL reimbursements will be mailed or available for pick-up on October 15. VAE gallery hours are Tuesday – Saturday from 11am – 4pm. October 15 doesn't work for you? VAE can pay for items directly (and save you the cost of sales tax) – fill out an request for payment form or contact Sarah Powers @ [sarah@visualartexchange.org](mailto:sarah@visualartexchange.org)

SPARK name \_\_\_\_\_

Name of person to be reimbursed \_\_\_\_\_

Address of person to be reimbursed \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Itemized Reimbursement List

Item Name /Description	Purchased From	Purchase Date	Amount
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL \_\_\_\_\_

*\*You must attach copies of all receipts with this form in order to be reimbursed.*

*\*All items must reasonably match budgeted expenses.*

### Signatures (required)

Signature of Person to be reimbursed \_\_\_\_\_

Date \_\_\_\_\_

Signature of your SPARK's organizer or finance person \_\_\_\_\_

Date \_\_\_\_\_

SPARKcon is a program of Visual Art Exchange, a 501c3 nonprofit

Please complete and return to 325 Blake Street . Raleigh NC . 27601.

[www.visualartexchange.org](http://www.visualartexchange.org) & [www.SPARKcon.com](http://www.SPARKcon.com)



## Pay for this! Purchase Request Form

This form is for items, services or rental fees that will be billed to VAE directly or if VAE staff will purchase for you. These requests should be made by September 1. Please provide the vendor with instructions about delivery and you would like us to contact for payment to [sarah@visualartexchange.org](mailto:sarah@visualartexchange.org)

SPARK name

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Name of person submitting this form:

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Phone

E-mail

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Business

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Contact at vendor

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City

State

Zip

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Phone

E-mail

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### Itemized List

Item Name /Description	Purchased From	Purchase Date	Amount
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TOTAL \_\_\_\_\_

*\*You must attach copies of all receipts with this form in order to be reimbursed.*

*\*All items must reasonably match budgeted expenses.*

### Signatures (required)

Signature of Person to be reimbursed

Date

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Signature of your SPARK's organizer or finance person

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