

# Supporting Documentation

# Proof of Payment

# Bank Statement

Account Number: XXXXXXXX1234

## Transaction Summary

Previous Balance	\$6,211.50
Deposits/Credits	+ \$1,500.00
Withdrawals	- 1,403.65
<b>Ending Balance</b>	<b>\$6,307.85</b>

Date	Description	Withdrawals	Deposits/Credits	Balance
02/20	Payphone	\$1.00	\$1.00	\$300.00
02/20	City Supply & Services:	\$1.30	\$1.30	\$300.00
02/23	Rafel's Igona Ferrite:	59.%	-1	\$300.00
02/14	Mona & Creitt	58.%	\$1.30	\$300.00
02/17	Fan gloyee			\$300.00
02/35	Bathout			\$300.00
02/30	Taposits/Services:			\$1.12.07
02/27	Redposits Ferrout:		1	\$100.00
02/38	Deposits/Credits:	58.%	1	\$100.00

1014-1

**APPROVED  
EXPENSE**

Office Supplies  
Purchase.

# Proof of Expense

**1001 –  
PAYROLL**

# Grantee XYZ

Payroll Summary | 1/1 to 1/31/2026

	Total	Sandra	Jacob	Ming
<b>Employees Wages, Taxes, &amp; Adjustments</b>				
Total Gross Pay	\$18,125.00	\$2,750.00	\$10,920.00	\$4,455.00
<b>Deductions from Gross Pay</b>				
Health Care	\$150.00		\$150.00	
<b>Adjusted Gross Pay</b>	<b>\$17,975.00</b>	<b>\$2,750.00</b>	<b>\$10,770.00</b>	<b>\$4,455.00</b>
<b>Taxes Withheld</b>				
FIT		-\$187.92	-\$1,346.32	-\$991.72
SS		-\$170.50	-\$667.74	-\$276.21
Med		-\$39.88	-\$156.17	-\$64.60
<b>Total Taxes Withheld</b>	<b>-\$3,901.06</b>	<b>-\$398.30</b>	<b>-\$2,170.23</b>	<b>-\$1,332.53</b>
<b>Net Pay</b>	<b>\$14,073.94</b>	<b>\$2,351.70</b>	<b>\$8,599.77</b>	<b>\$3,122.47</b>
<b>Employer Taxes &amp; Contributions</b>				
FUTA		-\$16.50	-\$42.00	-\$26.73
SS		-\$170.50	-\$667.74	-\$276.21
<b>Total Employer Taxes and Contributions</b>		<b>-\$187.00</b>	<b>-\$709.74</b>	<b>-\$302.94</b>

**Project Timesheet**

DCEO Grant: # 26-8610XX

Grantee Name: GRANTEE XYZ

Employee Name: Sandra Williams

Role: Outreach & Recruitment Coordinator

Week Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Weekly Hours	Hourly Wage	Pay for this Project
1/1/2026					0			0		\$0.00
1/5/2026 - 1/9/2026	4	4	4	4	4			20	\$20.00	\$400.00
1/12/2026 - 1/16/2026	4	0	6	6	4			20	\$20.00	\$400.00
1/19/2026 - 1/23/2026	4	4	0	8	4			20	\$20.00	\$400.00
1/26/2026 - 1/30/2026	4	4	4	4	4			20	\$20.00	\$400.00
								0		\$0.00
								0		\$0.00
								0		\$0.00
								0		\$0.00
								0		\$0.00
								0		\$0.00
								0		\$0.00

Report Period TL= \$1,600.00

**1003 –  
TRAVEL**

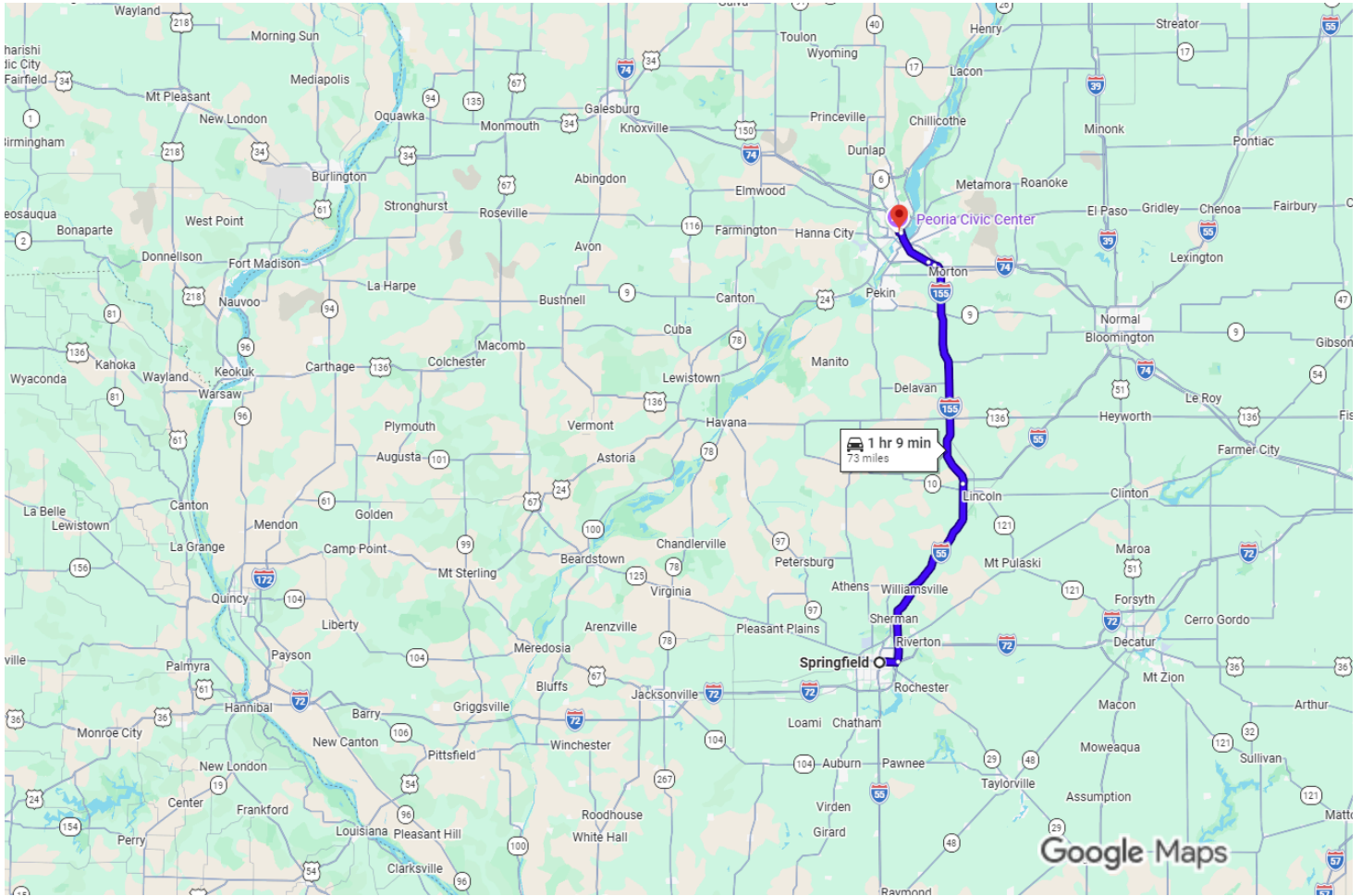


# Springfield, Illinois to Peoria, Illinois

Drive 73.0 miles, 1 hr 9 min



Builders Convention - Sandra Williams



Imagery ©2026, Map data ©2026 Google 10 mi



via I-55 N and I-155 N

1 hr 9 min

Fastest route, the usual traffic

73.0 miles

Explore Peoria

**1005 –  
SUPPLIES**





**1014 –  
MISCELLANEOUS**

Grantee XYZ

## BARRIER REDUCTION ACKNOWLEDGEMENT FORM

Program: Illinois Works Pre-Apprenticeship Program

Participant Name: Sarah Johnson

Cohort: Cohort 1, 2026

Type: Bus Card

Value: \$20.00

Date: 1/5/2026



Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Grantee XYZ**

## BARRIER REDUCTION ACKNOWLEDGEMENT FORM

Program: Illinois Works Pre-Apprenticeship Program

Participant Name: Sarah Johnson

Cohort: Cohort 1, 2026

Type: Childcare Support

Value: \$450.00

Date: 1/9/2026

Note: Childcare was provided for Sarah's two children for the first week of the Illinois Works Pre-Apprenticeship Program (ILWPP). Sarah has made arrangements for her brother to care for her children while she is in the ILWPP for the remaining 13 weeks of training.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Grantee XYZ

## STIPEND DISTRIBUTION FORM

Program: Illinois Works Pre-Apprenticeship Program

Participant Name: Sarah Johnson

Cohort: Cohort 1, 2026

Period Beginning Date: 1/5/2026

Period Ending Date: 1/9/2026

Total Number of Instructional Hours: 20

Stipend Rate: \$14.50

Notes: \$15.00 deduction for requiring make-up session due to missed class on 1/6/2026.  
Sarah attended a 4-hour make-up session on 1/7/2026.

Grantee XYZ 1027

1/23/2026  
DATE

PAY TO THE ORDER OF Sarah Johnson | \$ 275.00

Two hundred seventy-five dollars and no cents. DOLLARS

FOR Stipend: 1/5/26 - 1/9/26 *Grantee Treasurer*

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Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_