



## WAVE Foundation

3800 Del Paso Rd, Sacramento, CA 95834

### EXPENSE REIMBURSEMENT / CHECK REQUEST FORM

Expense Reimbursement Request and Check Request must be submitted by the Event Chair or Person Responsible for the relevant Fundraiser. All requests must be submitted within 90 days of event date. Please submit completed form in "WAVE inbox" addressed to WAVE Treasurer or scanned documents to [wavetreasurer@gmail.com](mailto:wavetreasurer@gmail.com). Please notify the WAVE Treasurer when you drop the form off.

Date of Request: \_\_\_\_\_

Federal Tax ID: 20-4413510

<b>Requestor Name:</b>		<b>Phone / Email Address:</b>	
<b>Purpose:</b>			

#### For Treasurer's Use

<b>Event Name</b>	
<b>Event Date</b>	
<b>Event Chair Name</b>	
<b>Event Chair Approval</b>	

<b>Request#</b>	
<b>Date Paid</b>	
<b>Check#</b>	
<b>Amount</b>	
<b>Category</b>	
<b>WAVE Approval</b>	

**Note:** Please attach receipts to this form. Approval must be obtained on all purchases prior to expenditure. Failure to obtain approval may result in purchaser having to incur expenses.

Date	Descriptions	Category	Amount
Total			\$ -

Make Check Payable To : \_\_\_\_\_

Preferred Delivery: (pick one)

- ☐ Pickup in WCS – Del Paso campus (you will be notified )
- ☐ Pickup in WCS – Pebblewood campus (you will be notified)
- ☐ Mailing (please attach self-addressed stamped envelope)
- ☐ Other \_\_\_\_\_

#### Category:

- Food / Drinks
- Supplies
- Printing/Postage
- Others \_\_\_\_\_

**Please allow 7-10 days for expense reimbursement.**

Contact Nancy Fairbanks at [wavetreasurer@gmail.com](mailto:wavetreasurer@gmail.com) if you have any questions or concerns.

WAVE Expense Reimbursement / Check Request 2016/2017