

WAVE Foundation

2680 Mabry Drive, Sacramento, CA 95835

WAVE Foundation Federal Tax ID: 20-4413510

EXPENSE REIMBURSEMENT / CHECK REQUEST FORM

Expense Reimbursement Requests must be approved by the Event Chair. All requests must be submitted within 90 days of event date to be considered. Please submit completed form in "WAVE Inbox" located in the WCS Front Office or email scanned documents to wavetreasurer@gmail.com.

	mail Address:	
Purpose:		
	For Treasurer's Us	e
Event Name	Request#	
Event Date	Date Paid	
Event Chair Name	Check#	
Event Chair	Amount	
Approval	Category	
	WAVE Approval	
Date Descriptions	Category	Amount
	Total	\$ -
		\$ -
Make Check Payable To:		\$ -
		Category: 1. Food / Drinks
		Category: 1. Food / Drinks 2. Supplies
Make Check Payable To: Preferred Delivery: (pick one) Pickup at WCS Front Office		Category: 1. Food / Drinks

Please allow 7-10 days for expense reimbursement.