



2680 Mabry Dr. Sacramento, CA 95835

Expense Reimbursement/Check Request Form

*This form must be signed and submitted by the Event Chair or Person Responsible for the relevant fundraising. All requests must be submitted within 30 days of event date. To submit, put hardcopies in WAVE's inbox and notify the Treasurer or send scanned documents to wavetreasurer@gmail.com. **Note:** Expense approval should be obtained prior to purchase. Failure to obtain approval may result in the expenses being denied and the purchaser incurring the costs.*

Date of Request: _____

Federal Tax ID: 20-4413510

Requestor Name	
Requestor Email Address	
& Phone Number	
Event Name	
Event Date	
Event Chair Name	
Event Chair Approval	

ITEMIZE EXPENSES (attach receipts)

DATE	STORE	PURPOSE	AMOUNT
TOTAL			

Make Check Payable To: _____

Preferred Delivery: (pick one)

- Pickup at WCS campus (you will be notified)
- By Mail (please attach self-addressed stamped envelope)
- Other: _____

Please allow 7-10 days for expense reimbursement.

Contact Nancy Fairbanks at wavetreasurer@gmail.com if you have any questions or concerns.

WAVE Expense Reimbursement/Check Request 2017/2018