



REIMBURSEMENT FORM

One Wish Granter per form; one wish child per form. If you purchased items for more than one wish child and have one receipt, please submit one form for each child along with your receipt.

Wish Child's Name: _____

Name of Wish Granter to be reimbursed: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount to be Reimbursed: \$ _____ Date requested: _____

Expenses/Reimbursements (please include receipts)

Purpose: ___ Private Proclamation and fun enhancement during COVID 19 (\$35 max)

Description of item(s): _____

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Office Use Only:

Version Date: 3/31/2020

Approval: _____ Date: _____ Wish Team Member: _____