

VOLUNTEER EXPENSE FORM



1) VOLUNTEER INFORMATION

Name: _____ *Check box if this is a new address*
Address: _____
City: _____ State: _____ Zip Code: _____

2) WISH CHILD INFORMATION

Wish Child Name: _____ Date of Event: _____

3) EXPENSE INFORMATION

Make-A-Wish requires that you provide documentation of the expenses incurred by attaching receipts of the purchases. You must complete one form per wish child, you cannot combine multiple children per form.

Store	Purpose <i>(wish discovery or delivery/party)</i>	Total
Sum of expenses:		

Wish Discovery Reimbursement Request (limit is \$30 for the team): _____
Wish Celebration Reimbursement Request (limit is \$50 for the team): _____
Reimbursable amount: _____

4) REIMBURSEMENT/DONATION INFORMATION

*Make-A-Wish requires that you submit this paperwork within **30 days of the date of purchase**. Be certain to remit a copy of your receipt(s). You can simply provide us with a photocopy or email it to us – we no longer need the original. Select if you would like for this expense to be a reimbursement or a donation.*

Would you like for Make-A-Wish to reimburse you for this expense or would you prefer to submit this expense as a donation? Reimbursement Donation

Be sure to complete all sections of this form.
You can email this form and supporting documentation to a staff member for processing or mail to:
Make-A-Wish Eastern North Carolina
3809 Computer Drive, Suite 201
Raleigh, NC 27609