



Make-A-Wish Foundation® of Eastern North Carolina
 2880 Slater Rd (919) 821-7111
 Suite 105 (800) 432-WISH
 Morrisville, NC 27560 (919) 832-0079 fax

REIMBURSEMENT FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Wish Child First & Last Name: _____

Wish/Event Date: _____

Store/Company item(s) was purchased from	Purpose: (icebreaker, enhancement)	Cost
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

TOTAL Expenses \$ _____

Reimbursement Limit \$ 75.00

TOTAL Amount of Reimbursement ¹ \$ _____

PLEASE ATTACH ALL ORIGINAL RECEIPTS TO THIS REIMBURSEMENT FORM. THE OFFICE WILL ONLY REIMBURSE YOU IF THIS FORM IS COMPLETED AND SUBMITTED WITH THE ORIGINAL RECEIPTS WITHIN TWO WEEKS AFTER THE WISH IS COMPLETED. UNLESS THE OFFICE IS ALERTED OTHERWISE, AFTER TWO WEEKS, THIS INFORMATION WILL BE CONSIDERED A DONATION AND YOU WILL RECEIVE A LETTER FOR TAX PURPOSES.

¹ IF TOTAL EXPENSES PER WISH/PER WISH GRANTING TEAM EXCEED \$75.00, THE EXCESS EXPENSE MAY BE REPORTED AS AN IN-KIND CHARITABLE DONATION. PLEASE SUBMIT AN IN-KIND REQUEST FOR THE DIFFERENCE ALONG WITH THIS EXPENSE REIMBURSEMENT FORM.