

WAKEMED VOLUNTEER SERVICES DISBURSEMENT REQUEST

Community Sewing Program - Volunteer Services

Date of Request:

Total Amount Requested:

Name (print clearly):

Address:
Street City State Zip Code

Phone Number:

Description of reimbursement request: (example: 8 receipts for huggables) (example: 2 receipts for baby caps)

Department Name: Raleigh Campus (3006) Cary Hospital (3005)

Manager:

Manager Extension:

SIGNATURES

Manager: _____ Date: ____/____/____

Director: _____ Date: ____/____/____

Every request for reimbursement of expenses associated with the WakeMed Community Sewing Program must be accompanied by original, detailed receipts/documentation. Please tape any item smaller than an 8 1/2" x 11" page securely to a blank piece of 8 1/2" x 11" paper.

Please turn into Volunteer Services or Mail to:
WakeMed Volunteer Services
3000 New Bern Avenue
Raleigh, NC 27610
Attn: Volunteer Services Manager