

# WAKEMED VOLUNTEER SERVICES DISBURSEMENT REQUEST

## Community Sewing Program - Volunteer Services

Date of Request:

Total Amount Requested:

Name (print clearly):

If part of a group, please add group name:

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 that includes method of payment. 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

vs 11/2024