

Hope United Event Supply Reimbursement Form

Hope United fundraisers are eligible to receive post-event reimbursement for up to 10% of the cost of their in-person event supplies.

This Hope United Event Supply Reimbursement Form must be submitted via email to hopeunited@pwsausa.org within 7 business days of your in-person event date and will be reviewed by PWSA | USA prior to processing. Checks (or in lieu of checks a donation receipt) will be mailed to you within 30 days of your event.

Please indicate your preference:

- Receive a check mailed (to address below) for eligible items
- Receive an in-kind tax receipt for the value of items you purchased for your event

| | |
|--------------------------------|--|
| Name | |
| Date Submitted | |
| Mailing Address | |
| Telephone | |
| Email | |
| Name of Event | |
| Date of Event | |
| Total Itemized Expenses | |
| 10% of Total Raised | |

Itemization of expenses for which you are seeking reimbursement:

| Item Description | Vendor | Date Purchased | Amount |
|----------------------------|--------|----------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL REIMBURSEMENT | | | \$ |

Please email completed form and one file with scanned copies/photographs of all itemized store/vendor receipts. We are unable to provide reimbursement without them. Thank You!

Eligible for inclusion in 10% reimbursement

- Paper goods
- Disposable Tablecloths
- Banners/Lawn Signs/Posters (other printed materials)

- Bottled Water
- Decorations (Balloons/Flowers)
- Public Event Permits
- Hall/Facility Rental Fees
- A/V Equipment/Sound System
- Safety Supplies (cones, first aid kit, reflective gear)

Not eligible for inclusion in 10% reimbursement

- Alcohol
- Food
- Transportation
- T-shirts
- Fees for Recreation/Entertainment (golf, music, performers)

I certify that the above claim is correct and that the items outlined above were purchased by me for the sole purpose of supporting my fundraisers via PWSA | USA's Hope United Fundraising program. I have filled out this form in its entirety and have attached all supporting documentation required.

Signature _____

Date _____

FOR INTERNAL PURPOSES ONLY

Approvals:

Director of Development Sign Off: _____

CEO Sign Off: _____

Account: 10-5581-20 Fundraising Event Reimbursements

Fund: GENERAL

Funding Source: Peer to Peer

Functional Expense: Support Services – Development

Appeal Code:

Appeal Code Required