



**2016 DAY OF CARING**  
**EXPENSE REQUEST FORM**

**Gift Card Request**

**\*Please submit request by September 16**

Name: \_\_\_\_\_

Team: \_\_\_\_\_

I am requesting a gift card in the amount of \$\_\_\_\_\_

**PLEASE NOTE:**      The used gift card must be returned to the United Way office together with the receipt from the purchase(s).

**Reimbursement Request**

**\*Please submit estimate by September 16**

**(Receipts and request for reimbursement must be submitted no later than October 6)**

Name: \_\_\_\_\_

Team: \_\_\_\_\_

I will be purchasing supplies for which I will request reimbursement. The estimated cost of these supplies is \$\_\_\_\_\_

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