



2010 WCIF/WCIP Wellness Grant Program
Request for Reimbursement Form



DIRECTIONS

Complete the following form to request reimbursement for WCIF/WCIP Wellness Grant funding.
Type is preferred wherever possible.

1. You must attach copies of all necessary supporting documentation as defined in the 2010 WCIF/WCIP Wellness Grant Regulations* (i.e. receipts, lists of incentive recipient names and prizes awarded)
2. You must number and order all supporting documents according to their explanation of expense (refer to the left-hand column for the applicable expense number)

Requests submitted without the above documentation and/or format may be returned and/or declined.

Number	Explanation of Expense	Amount Requested
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Please write a reimbursement check in the amount of:

I confirm that all expenses listed above are in compliance with WCIF/WCIP 2010 Wellness Grant Regulations*. I understand that any noncompliant expenditures incurred will not be paid by WCIF/WCIP and are therefore my or my employer's responsibility.

Signature: _____ **Date:** _____

Submitted by (print name): _____ Phone number: _____

Check payable to: _____

Mailing address: _____

With attention to: _____

When complete, mail, email or fax all documents to:

Attention: Lehua Ball
Washington Counties Insurance Fund
P.O. Box 7786
Olympia, Washington 98507
lehua@wcif.net | fax:360.754.7859

* Acknowledgment of the 2010 WCIF/WCIP Wellness Grant Regulations was a mandatory component of all initial 2010 grant applications. A copy of these regulations is available online at <http://www.wcif.net/admin/wellnessconnection.htm>