

## 2015 DSHS A-19 Fundraiser Reimbursement Instructions

1. Complete A-19 form

- a. Enter Agency Name (DSHS)
- b. Name and Complete Address of the person receiving the reimbursement
- c. Date of purchase or invoice
- d. Brief Description of purchase and the reason for it

**Note: Include Fundraiser Number**

- e. Total amount to be reimbursed
- f. Contact phone number

2. Print Form

3. Attach all Receipts, Invoices, or proof of Payment to the A-19 Form

**Note: Reimbursements cannot be made without these**

4. Sign Form

5. Send along with a copy of DSHS Fundraiser Form to:

DSHS Combined Fund Drive

MS: 45018

Or

PO Box 45018

Olympia, WA 98504-5018