



WINTER CLOTHING

This program is available to enrolled Wyandotte Nation tribal citizens nation wide, infant to senior in high school. Each child is allowed up to \$200

2024

Reimbursement Program Guidelines

Only One Child Per Receipt (Ring Up Separately), with Eligible Items Only-NO Extra Items

NO

Shorts - Food - Swim wear - Hair things of any kind - Jewelry Make-up - Perfume - etc. If receipt says "accessories" we may not count it. Write what it is on the receipt.

*****Non eligible includes, but is not limited to, the above listed items.**

YES

Coats - Gloves - Earmuffs - Scarves - Winter hats (not ball caps) - Pants - Shirts - Socks - Underwear - Pajamas - Slippers - Shoes - Boots

- **Program dates:** November 1, 2023 to February 28, 2024 **Receipt dates:** October 1, 2023 to February 28, 2024
- Return the original applications and receipts by February 28, 2024. Must be in office or post marked by due date.
- Do not email or fax applications or receipts to office. Mail, hand deliver or use drop box in front of building.
- **All receipts must show purchase date, what the item is, individual item price, subtotal, tax, and total. Always show proof of payment with method used (visa/store card/PayPal etc.)**
- Receipt must be legible. Smudged, blank or tiny receipts we can't see will not be counted.
- If using Afterpay, Affirm, Zip, Sezzle, Klarna or "buy now pay later" companies, send proof of all payments.
- We cannot reimburse for store points or store credit used.
- Please do not highlight or use tape on receipts. It sometimes erases the ink.
- On-Line Receipts: Only send **full receipt/full email**. Detailed invoice. No screen shots or partial receipts.



I have read all instructions on this guideline page. I also acknowledge that incomplete and/or non-compliant applications may not be processed.

Signature of Parent/Legal Guardian: _____

for questions call 918-678-6329



WINTER CLOTHING

Reimbursement Application

2024

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Parent/legal guardian: # _____ / _____
ROLL# NAME: First Last Maiden

Child's name: # _____ / _____
ROLL# NAME: First Last

Mailing address: _____
City State Zip

Phone number: _____ Email: _____

Printed name of person being reimbursed: _____

Address for reimbursement if different from applicant: _____

Complete this chart

Store Name	Receipt Date	Receipt Amount
		Total:

Only One Child Per Receipt (Ring Up Separately), with Eligible Items Only-NO Extra Items

X Signature of Parent/Legal Guardian: _____ /Date _____

I have read all instructions and acknowledge that incomplete and/or non-compliant applications may not be processed.