

*Novato Girl Scout Day Camp 2018  
Expense Reimbursement Form*

**\*\*Please make sure you staple all receipts to this form\*\***

**PROGRAM**

*ANTS* \_\_\_\_\_  
*Contract Hire* \_\_\_\_\_  
*Photography* \_\_\_\_\_  
*Staff Gifts – Adult* \_\_\_\_\_  
*Staff Gifts – PAS* \_\_\_\_\_

**OTHER**

*Insurance* \_\_\_\_\_  
*Camp & Parking Fee* \_\_\_\_\_  
*Council Fee* \_\_\_\_\_  
*Postage* \_\_\_\_\_  
*Insurance* \_\_\_\_\_  
*Equipment Purchased* \_\_\_\_\_  
*Equipment Rental* \_\_\_\_\_

**SUPPLIES**

*Crafts* \_\_\_\_\_  
*Health* \_\_\_\_\_  
*Office* \_\_\_\_\_  
*Lanyard* \_\_\_\_\_  
*Patches* \_\_\_\_\_  
*Unit Box* \_\_\_\_\_  
*Workshop* \_\_\_\_\_  
*SWAP* \_\_\_\_\_  
*T-shirts* \_\_\_\_\_  
*Training* \_\_\_\_\_

**FOOD**

*Food, bev & ice* \_\_\_\_\_  
*Overnight* \_\_\_\_\_  
*All Camp Food* \_\_\_\_\_

Additional Notes for Reimbursement: \_\_\_\_\_

Total reimbursement request \$ \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>Please mail this form and all receipts to:          Giulietta Camden          1124 Olive Ave          Novato, CA 94945          giuliettacamden@gmail.com</p>	<p>Note: Any expenses over \$500 MUST have prior authorization from the Camp Director or Administrator or they may not be reimbursed.</p>
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NOTES (ACCTG ONLY) Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Paid: \$ \_\_\_\_\_