  
  
Board2Board Exchange   
Participant Travel Reimbursement Request  
Receipts must accompany this form  
Payment Information

Camp Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\*: \_\_\_\_\_\_\_\_\_\_  
Camp Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camp Contact title: \_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_   
Travel Date(s): \_\_\_\_\_\_\_\_\_\_\_\_ Camp Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Organization name to which the reimbursement check be made out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\*Requests for reimbursement must be submitted within 60 days of last incurred expense to be eligible for payment.  
Reimbursements may only go to JCamp 180 participating camps or parent organizations, not to individuals.  
Receipt originals for all expenses must be submitted with this form to be eligible for reimbursement  
Reimbursement amounts are based on qualified expenses. See [www.jcamp108.org/travel](http://www.jcamp108.org/travel) for details  
Submit completed applications by e-mail to [janina@hgf.org](mailto:janina@hgf.org) with copy to your JCamp 180 mentor

Reimbursement Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | Person 1 | | Person 2 | | Person 3 | | Person 4 | |
|  | |  | |  | |  | |
| Expense Type | Date | Amount | Date | Amount | Date | Amount | Date | Amount |
| Airfare |  | $ |  | $ |  | $ |  | $ |
| Mileage (@$0.38/mi) |  | $ |  | $ |  | $ |  | $ |
| Hotel |  | $ |  | $ |  | $ |  | $ |
| Other |  | $ |  | $ |  | $ |  | $ |
|  |
| Other |  | $ |  | $ |  | $ |  | $ |
|  |
| Other |  | $ |  | $ |  | $ |  | $ |
|  |
| Total Paid |  | $ |  | $ |  | $ |  | $ |
|  | Person 1 Total: |  | Person 2 Total: |  | Person 3 Total: |  | Person 4 Total: |  |

Revised 1/20

This Section for JCamp 180 Use only

Date Received: \_\_\_/\_\_\_/\_\_\_ by: \_\_\_\_\_\_\_\_  
Person 1 \_\_\_\_\_\_\_\_\_\_   
Person 2 \_\_\_\_\_\_\_\_\_\_ Sum x 0.5=  
Person 3 \_\_\_\_\_\_\_\_\_\_   
Person 4 \_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Approved Team Total Reimbursement  
 $\_\_\_\_\_\_\_\_\_\_  
   
Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Account: \_9625-84\_\_\_\_\_\_\_

Total to be Reimbursed: $\_\_\_\_\_\_\_\_\_\_\_\_\_  
Grant Amount Authorized: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

67 Hunt Street Suite 100, Agawam, MA 01001 Ph. (413) 276-0710 Fax (413) 276-0806 *www.jcamp180.org*