



Program 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: _____
 Program for which travel reimbursement _____ Program Date: _____
 is sought: GIFT Legacy J-TEC Data2Donors
 Who should the reimbursement check be made out to: _____

*Requests for reimbursement must be submitted within 60 days of the program to be eligible
 Receipts for all expenses must be submitted with this form to be eligible for reimbursement
 Reimbursement amounts are based on qualified expenses. See www.jcamp180.org/travel for details

Reimbursement Information

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

This Section for JCamp 180 Use only

Date Received: ___/___/___ by: _____

Person 1 _____ - \$200 = _____
 Person 2 _____ - \$200 = _____
 Person 3 _____ - \$200 = _____
 Person 4 _____ - \$200 = _____

sum
 x 0.5 =
 \$ _____

Total Attendees: _____ x \$200 = \$ _____
 Total to be reimbursed: \$ _____

<p>Approved Team Total Reimbursement (max \$1200.00) \$ _____ Approved by: _____ Date: _____ Account: _____</p>

Revised 11/14