



CAMP VISIT EXPENSE REPORT

Visitor: _____ Date submitted: _____

Mailing address: _____ Phone: _____

City: _____ Zip: _____

Camp visited: _____

Camp location: _____

Date of visit: _____ Time arrived: _____ Time left: _____

Mileage (round trip): _____ Miles @ \$0.50 = \$ _____

Other expenses (list on reverse): _____

Total \$ _____

*Please carpool
with your
visitation
partner if at all
possible*

Visitor's signature: _____

Check one of the following: Receive a check for reimbursement

Receive a letter of contribution for Income
Tax Deduction

Thank you for your participation in the standards program!

If you have a question about your reimbursement check, please contact Sharon Kosch at skosch@earthlink.net or 510.612.6040.

Return with receipts to: Sharon Kosch
7850 Oak Creek Drive
Pleasanton, CA 94588

Standards Chair's Authorization: _____