



# 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 @ \$0.585 = \$ \_\_\_\_\_

Other expenses (list on reverse): \_\_\_\_\_

Total \$ \_\_\_\_\_

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: \_\_\_\_\_