One Day Reimbursement Request

Please Circle Staff Class: Manager First Aider Cheer Instructor Dance Instructor Universal Store

Date of Event: _____ Event Name: _____

Drove / Rode From: _____

Number of Miles Driven Round Trip: _____
(without miles driven you will not receive reimbursement for gas used)

Pay To: _____

Address: _____

_____

_____
City State Zip

No reimbursement will be processed without a dated, itemized receipt attached to this form. Any altered, torn or undated receipts will not be accepted. Tips will not be reimbursed. Reimbursements MUST be received in office within 2 weeks of the event. Reimbursements will be mailed to the address provided within 3 to 4 weeks.

Date of Receipt:				**Totals**
Hotel				
Gas				
Tolls				
Parking				
Breakfast				
Lunch				
Dinner				
Other				

Total Reimbursement Request: $ _____

Signature of whom is requesting reimbursement: _____

Return Request to your Regional Manager or the Camp Administration Department