

AMERICAN CAMP ASSOCIATION
EVERGREEN SECTION
EXPENSE REIMBURSEMENT FORM

ACA. Evergreen, Reimbursement Form

Please assign expenses to appropriate categories under your committee.

Event/Activity associated with this expense: _____

EXPENSES	Admin.	Executive	Conv. Del.	Legislative	Member	Newsletter	Nominat	P. R.	Education	Standards	CampWest
ACA Materials											
Ads											
Awards											
Conferences											
Contracted Services											
Contributions											
Food and Lodging											
Insurance											
Miscellaneous											
Off. Supplies											
Postage											
Printing											
Program Supplies											
Refunds											
Dues											
Taxes											
Telephone											
Transportation											
SubTotals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL \$ -

Committee Chair Signature: _____ Date: _____

Please Mail Check to:

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

I wish to make this a contribution to ACA, Evergreen

Milage Rate as of 1/24/06 - \$.40 per Mile

Please Return to:
ACA, Evergreen Treasurer
9326 SW Bayview Dr
Vashon, WA 98070

Paid : Check # _____ Date: _____ Treasurers Signature: _____

2/14/2006