

Volunteer Reimbursement Form

E-mail to: accountspayable@acacamps.org

Mail To: American Camp Association, c/o Accounts Payable, 5000 State RD 67 North, Martinsville, IN 46151-7902

Date Submitted _____

Pay To:

Name:	
Camp/Business:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	

Purpose of Expense _____ (e.g. LCOL meeting, NSC Committee Meeting, Standards Visit)

What Field Office Is this Expense Related to? _____

Date	DESCRIPTION OF EXPENSES <ul style="list-style-type: none"> ● Mileage at current IRS rate or actual cost of ground transportation ● parking ● meals customary and reasonable for the locality of the visit ● Airfare actual cost of coach class ticket ● hotel bill for single occupancy 	Amount	ACCOUNT # <i>(office use only)</i>
	Standards Visitors - list the camp visited. All others list destination	Miles	0.56
List separately additional expense items (eg: Tolls, Parking, Meals, Hotel, Airfare).			
Total			

I wish to donate (amount) _____ of my reimbursement to ACA

Authorization: _____

Please attach receipts. Receipts must be included for all items over \$25.00

For e-mail: scan and attach this form plus receipts to email message.