

Board2Board Exchange
Participant Travel Reimbursement Request
Receipts must accompany this form
Payment Information

Camp Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\*: \_\_\_\_\_\_\_\_\_\_
Camp Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camp Contact title: \_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_
Travel Date(s): \_\_\_\_\_\_\_\_\_\_\_\_ Camp Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization name to which the reimbursement check be made out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Requests for reimbursement must be submitted within 60 days of last incurred expense to be eligible for payment.
Reimbursements may only go to JCamp 180 participating camps or parent organizations, not to individuals.
Receipt originals for all expenses must be submitted with this form to be eligible for reimbursement
Reimbursement amounts are based on qualified expenses. See [www.jcamp108.org/travel](http://www.jcamp108.org/travel) for details
Submit completed applications by e-mail to janina@hgf.org with copy to your JCamp 180 mentor

Reimbursement Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Name: | Person 1 | Person 2 | Person 3 | Person 4 |
|  |  |  |  |
| Expense Type |  Date  |  Amount  |  Date  |  Amount  |  Date  |  Amount  |  Date  |  Amount  |
| Airfare |  | $ |  | $ |  | $ |  | $ |
| Mileage (@$0.38/mi) |  | $ |  | $ |  | $ |  | $ |
| Hotel |  | $ |  | $ |  | $ |  | $ |
| Other |  | $ |  | $ |  | $ |  | $ |
|  |
| Other |  | $ |  | $ |  | $ |  | $ |
|  |
| Other |  | $ |  | $ |  | $ |  | $ |
|  |
| Total Paid |  | $ |  | $ |  | $ |  | $ |
|  | Person 1Total: |  | Person 2Total: |  | Person 3Total: |  | Person 4Total: |  |

Revised 1/20

This Section for JCamp 180 Use only

 Date Received: \_\_\_/\_\_\_/\_\_\_ by: \_\_\_\_\_\_\_\_
Person 1 \_\_\_\_\_\_\_\_\_\_
Person 2 \_\_\_\_\_\_\_\_\_\_ Sum x 0.5=
Person 3 \_\_\_\_\_\_\_\_\_\_
Person 4 \_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Approved Team Total Reimbursement
 $\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Account: \_9625-84\_\_\_\_\_\_\_

Total to be Reimbursed: $\_\_\_\_\_\_\_\_\_\_\_\_\_
Grant Amount Authorized: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

67 Hunt Street Suite 100, Agawam, MA 01001 Ph. (413) 276-0710 Fax (413) 276-0806 *www.jcamp180.org*