

Request for Travel Reimbursement

All receipts must be mailed with this completed form to the address below.

Reimbursement amounts based on policy effective August 1, 2011: details at <http://gjip.org/Current-Participants/Legacy-Program/Reimbursement.aspx>.

Section 1 - Payment Information

Camp name: _____
Camp contact name: _____ **Camp contact role:** _____
Phone: _____ **Fax:** _____ **Email:** _____
Mailing address: _____ **City, State, Zip:** _____

Who should the reimbursement be made out to? _____

Date of Workshop: / / **Today's date:** / / ***Must be received within 60 days of workshop to be eligible***

Section 2 - Reimbursement Information

Expense type	Person 1		Person 2		Person 3		Person 4		Team Total
	Date paid	Amount paid	Date paid	Amount paid	Date paid	Amount paid	Date paid	Amount paid	
Airfare	/ /	\$.	/ /	\$.	/ /	\$.	/ /	\$.	
Car Rental &/or Fuel	/ /	\$.	/ /	\$.	/ /	\$.	/ /	\$.	
Mileage (@ \$0.38/mi.)	/ /	\$.	/ /	\$.	/ /	\$.	/ /	\$.	
Train	/ /	\$.	/ /	\$.	/ /	\$.	/ /	\$.	
Hotel	/ /	\$.	/ /	\$.	/ /	\$.	/ /	\$.	
Other (please specify): _____	/ /	\$.	/ /	\$.	/ /	\$.	/ /	\$.	
Other (please specify): _____	/ /	\$.	/ /	\$.	/ /	\$.	/ /	\$.	
	Person 1 Total Paid: \$.		Person 2 Total Paid: \$.		Person 3 Total Paid: \$.		Person 4 Total Paid: \$.		\$.

Section 3 - FOR GIJP USE ONLY

Date Received: ___/___/___

Must be received within 60 days of workshop to be eligible

Person 1: \$200 + (_____ x 50%) _____ = Total _____
(Amt. > \$200) (max. \$400)

Person 2: \$200 + (_____ x 50%) _____ = Total _____
(Amt. > \$200) (max. \$400)

Person 3: \$200 + (_____ x 50%) _____ = Total _____
(Amt. > \$200) (max. \$400)

Person 4: \$200 + (_____ x 50%) _____ = Total _____
(Amt. > \$200) (max. \$400)

Approved Team Total Reimbursement:
(max \$1200)

\$.

Approved: _____

Date: ___/___/___ Account: 9627-1_