



**Kiwanis**

**Camp Casey**

## Counselor/Volunteer Reimbursement Form

All reimbursement requests must be submitted within 30 days of activity

<b>Name:</b>
<b>Position:</b>
<b>Date of request:</b>
<b>Date of Expense:</b>
<b>Amount of Expense:</b>
<b>Purpose:</b>
<b>Check should be made out to:</b>
<b>Email for Zelle bank transfer:</b>
<b>Or Address for mailing check:</b>
<b>Other information:</b>

Include a copy of your receipt(s) stating the amount paid and submit it with this form.

Email to: [info@northcentralseattlekiwanis.org](mailto:info@northcentralseattlekiwanis.org)

*All receipts and invoices appropriate to this request are attached and I certify that I have incurred the expenses listed above on behalf of Kiwanis Camp Casey or North Central Seattle Kiwanis activity, and I am requesting reimbursement as specified above.*

Signed \_\_\_\_\_ Dated \_\_\_\_\_