Adventures in Writing Camp

Expense Reimbursement Form

Employee/Payee: _____ Camp Start Date: _____

Address: _____ Camp End Date: _____

_____ Camp Location: _____

Phone: _____

Expense Details

Date	Store	Item & Purpose	Amount
			TOTAL

Employee Signature: _____

Supervisor Approval: _____

- **All expenses must be submitted within five business days of the camp's end date**
- Submit one form per camp
- Email a clear and legible photo of the form and receipts to lindsey@aiwcamp.com
- Mail completed reimbursement form, with original receipts to:
  Adventures in Writing Camp, 405 Davis Ct., #1507, San Francisco, CA 94111
- Payment will be made within 30 days of receipt, though it will be included in your regular paycheck whenever possible.