GIRL SCOUTS OF SAN FRANCISCO BAY AREA
**PENINSULA GIRL SCOUT DAY CAMP**
STAFF REIMBURSEMENT FORM

Name _____
Address _____
_____
Phone ( ) _____

Submit to:
Linda Grasberger
PO Box 1967
Burlingame, CA 94011

| Date | Item | $ Amount |
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| | Total | |

Include receipts whenever applicable.

I declare that this statement is true to the best of my knowledge.

Signature _____ Date _____

Signature of Admin Team Member _____ Date _____

Check Number: _____ Date Paid: _____