

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

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_

Submit to:  
 Linda Grasberger  
 P.O. Box 1967  
 Burlingame, CA 94011

Date	Item	\$ Amount
<b>Total</b>		<b>\$0.00</b>

Include receipts whenever applicable.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of \_\_\_\_\_  
 Director, Program Director, or Administrator

Date \_\_\_\_\_

Check Number: \_\_\_\_\_

Date Paid: \_\_\_\_\_