

Pacific Crest Trail Association Volunteer Instructor Reimbursement Form

Check Payable To: _____
 Address: _____
 Date of Request: _____

PCTA Region/Rep: _____
 Volunteer Group/Corps Crew: _____
 Project Name: _____

Date	Hauling Tools		Regular Travel		Meal Expenses	Lodging Expenses	Other Expenses	Total Reimbursed Expenses	Description of Purchase	Accounting use only		
	# of Miles	Mileage @ \$.80/mile	# of Miles	Mileage @ \$.575/mile						Account	Activity Code	Class
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Totals	-	-	-	-	-	-	-	-				

**Option to donate all or a portion
of your reimbursement funds to PCTA**

I would like to donate _____ of my above
reimbursed expenses to Pacific Crest Trail Association.

Volunteer Signature and Date

Volunteer Signature and Date

Reimbursements must be submitted within 30 days of a project.

Checks are processed on or around the 1st and the 15th of each month.

Please complete this form and mail it with your receipts to:
 Pacific Crest Trail Association, Attn: Accounting
 1331 Garden Highway Suite 230, Sacramento, CA 95833