

# Pacific Crest Trail Association Volunteer Reimbursement Form

Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

PCTA Region/Rep: \_\_\_\_\_

Volunteer Group/Corps Crew: \_\_\_\_\_

Project Name: \_\_\_\_\_

Receipt Date	Amount of Expenses				Purchased From	Description of Purchase	Accounting use only		
	Tools	Supplies	Other	Total Expenses			Account	Activity Code	Class
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
Totals	0.00	0.00	0.00	-					

**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  
2150 River Plaza Drive Suite 155, Sacramento, CA 95833