Mail Completed Form & Receipts To:

Heritage Camps for Adoptive Families, Inc.

2052 Elm Street

Denver, CO 80207

**This form & receipts can also be faxed to 303-388-2909**

*REQUEST FOR REIMBURSEMENT (Please PRINT all information clearly):*

**Name: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

# **City, State, Zip:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**E-Mail: \_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date** | **Description of items purchased** | **Camp Department** | **Other** | **Store/Vendor** | **Receipt Attached?** | **Total** |
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|  |  |  |  |  | **Total due** |  |

CAMP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursed By: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Receipts must be attached to reimbursement request.**

**In-Kind Donation Option:**

* I would like my expenses to be considered an in-kind donation to Heritage Camp. Please send me a letter acknowledging my donation for tax purposes**.**

**NOTE: Reimbursements will NOT be made after December 1st. After this date, we will kindly thank you for your donation and can happily send you a letter acknowledging the amount of your donation for tax purposes. Thank you!**

*There will also be NO reimbursements for paper products related to meals, i.e., plates, cups, napkins, bowls, silverware, etc. or for general craft items found in the warehouse, i.e., glue, paint, scissors, markers, crayons, etc.*