

Camp Florida POA
Reimbursement Form

This form is intended to be used by individuals requesting that they be paid back for funds spent on/for P.O.A. business. As of February 16, 2015, applications for reimbursement will not be accepted unless accompanied by this form.

Name: _____

Address: _____

Amount Spent: \$_____

Reason for Expenditure: _____

What Cost Category: (Maintenance, Storage Area, Food, Entertainment, etc)

Signature: _____

Print Name: _____

POA Authorizing Signature: _____

Print Name: _____

Attach copy of receipt
