



P.O. Box 1346 Kenner, Louisiana 70063

Office 504 737-5181

Email: sbgno@sbgno.org

Web Site: www.sblouisiana.org

CAMP FRIENDSHIP TRAVEL & HOTEL STIPEND POLICY

SB La will offer reimbursement stipends to assist families traveling to Camp Friendship from outside Greater New Orleans metro area. These stipends are not intended to reimburse the entire cost of hotel and gas expenses for the week.

Hotel Stipend -- SB La will reimburse \$75 per night for up to 5 nights per family. The family must present a statement/receipt from the hotel to qualify for reimbursement.

Travel Stipend -- SB La will offer a gas stipend based upon distance traveled and the number of days driven to camp not to exceed 5 days. When campers car-pool only the owner of the vehicle driven will be reimbursed.

It will not be necessary for families to track and submit actual trip mileage. A maximum flat rate per nearest geographical region will be paid based upon round trip miles at an average of .25 per mile according to the following table. Distances greater than 160 miles will be reimbursed only 1 round trip per camp.

MILEAGE TABLE FOR LOUISIANA

CAMP FRIENDSHIP to:	MILES (Round Trip)	STIPEND AMOUNT (Round Trip)
Alexandria	390	\$ 97.50
Baton Rouge	160	\$ 40.00
Hammond	120	\$ 30.00
Houma	120	\$ 30.00
Lafayette	260	\$ 65.00
Lake Charles	400	\$ 100.00
LaPlace	60	\$ 15.00
Monroe	520	\$ 130.00
Morgan City	180	\$ 45.00
Natchitoches	540	\$ 135.00
New Iberia	260	\$ 65.00
Ruston	570	\$ 142.50
Shreveport	700	\$ 175.00
St Tammany	100	\$ 25.00
Gulf Port, Ms	160	\$ 40.00

Families may be reimbursed for a combination of both hotel and travel.

Please complete and present the following form to the camp leadership by end of camp on Thursday afternoon. Checks will be issued on Friday at the close of camp. If your child does not attend the full week of camp, please see camp leadership for other arrangements. Because camp is such a busy time for camp leadership, checks may be mailed if requested other than Friday at the close of camp.

Community Health Charites of La. #58675
United Way of Greater New Orleans #3174

CAMP FRIENDSHIP TRAVEL & HOTEL STIPEND REIMBURSEMENT APPLICATION

Please complete and present the following form to the camp leadership by end of camp on Thursday afternoon. Checks will be issued on Friday at the close of camp. If your child does not attend the full week of camp, please see camp leadership for other arrangements. Because camp is such a busy time for camp leadership, checks may be mailed if requested other than Friday at the close of camp.

DATE: _____

PARENT'S NAME: _____

CAMPER'S NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIPCODE _____

MAILING ADDRESS, IF DIFFERENT:

CITY _____ STATE _____ ZIPCODE _____

PHONE CONTACT #1 _____

PHONE CONTACT #2 _____

Please check below if you drove or stayed in a hotel:

Day	Drove	Stay in Hotel
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please attach a statement/ receipt from the hotel to qualify for reimbursement.

CHECK# _____ AMOUNT# _____

ISSUED BY: _____ DATE ISSUED _____

SIGNATURE OF RECIPIENT: _____

DATE RECEIVED OR MAILED: _____