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**2024 DAILY SUBSISTENCE CABIN HOST REIMBURSEMENT FORM**

*To aid SBFC in tracking our annual volunteer hours, please have each volunteer host fill out a separate reimbursement form. We are only able to reimburse one individual per couple or family during a hosting period.*

 **Cabin Hosted** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Start date** \_\_\_\_\_\_\_\_\_\_**Last day** \_\_\_\_\_\_\_\_\_\_\_\_

 **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mailing Address for Reimb. Ck.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Send by US mail to: SBFC, PO Box 1886, Boise, ID 83701** (Questions? Krissy: 406-351-0041)

**\*Send by email to:** **rghelfi@selwaybitterroot.org****. Allow about 3 weeks to receive your check.**

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| **Day & Date** | **Hours Worked** | **$28 Per 8-Hour Day/ Expenses** |
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| **You may donate any amount of your reimbursement.** **Your donation benefits the** **USFS and includes a 1-year SBFC membership.** | **Amount you would like to donate:** |  |
| **TOTAL Reimbursement DUE:** |  |

**THANK YOU FOR VOLUNTEERING!**