Mountaindale West Day Camp

REIMBURSEMENT REQUEST

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Pay to the Order of*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested for Reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supporting receipts must be attached to this form for reimbursement. Please turn in to Snow White or the Camp Paperwork box.

Items below are for Business Mgr. use

Program supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirts and Patches \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arts & Crafts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #

Office Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photos \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total to be reimbursed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_