

# Camping Finance Report

Dakotas United Methodist Camp & Retreat Ministry



Camp Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Camp Site \_\_\_\_\_ Dean(s): \_\_\_\_\_

Each Dean will receive reimbursement for out-of-pocket administrative and program expenses. **You must have receipts for all expenses incurred.** Counselors and deans will receive mileage reimbursement if you elect to do so. If you have questions, you may call the office at (855) 622-1973. Please complete this form and return **within two weeks** of the conclusion of your camp to: **Dakotas United Methodist Camps – DAK/MN Area Central Camping Office – 122 West Franklin Avenue, Suite 400 - Minneapolis, MN 55404**

## A. PROGRAM INCOME

Program/Counselor Subsidy determined by the following process:

1. Number of camper days: 2 night camp = 1.75 camper days (with 5 meals) or 2 camper days (with 6 meals)  
5 night camp = 4.75 camper days

2.  $\$3 \times \frac{\text{_____}}{\text{(# camper days)}} = \text{Program Subsidy per camper.}$  \$ \_\_\_\_\_

**TOTAL INCOME in Part A (total from #2 x # of campers)** \$ \_\_\_\_\_

## B. PROGRAM EXPENSE (attach receipts):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL PROGRAM EXPENSE in Part B:** \$ \_\_\_\_\_

## C. PROGRAM DISBURSEMENTS:

Please list individuals who are to be reimbursed for **expenses listed in Part B above**. Include a mailing address for each person receiving a reimbursement.

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL PROGRAM DISBURSEMENTS** \$ \_\_\_\_\_

**D. MILEAGE EXPENSE:**

Mileage may be reimbursed at the rate of .336 per mile with an additional .03 per mile per passenger, up to a total of 3 passengers (*Only counselors may be counted as passengers, not shepherds, C.I.T.s, or campers.*) Please list passengers (if any.) Mileage checks will be sent to each individual driver that wishes to claim mileage, so please include mailing addresses. (*If claiming more than two reimbursement checks for mileage please attach additional sheet.*)

**-DEAN/COUNSELOR DRIVER MILEAGE**

Round Trip Miles: \_\_\_\_\_ X .336 = \_\_\_\_\_

Dean/Counselor Name: \_\_\_\_\_

Address (*where check should be mailed*): \_\_\_\_\_

**PASSENGERS**

Name: \_\_\_\_\_ Miles: \_\_\_\_\_

Name: \_\_\_\_\_ Miles: \_\_\_\_\_

Name: \_\_\_\_\_ Miles: \_\_\_\_\_

Total Passenger Miles Claimed: \_\_\_\_\_ X .03 = \_\_\_\_\_

**-DEAN/COUNSELOR DRIVER MILEAGE**

Round Trip Miles: \_\_\_\_\_ X .336 = \_\_\_\_\_

Dean/Counselor Name: \_\_\_\_\_

Address (*where check should be mailed*): \_\_\_\_\_

**PASSENGERS**

Name: \_\_\_\_\_ Miles: \_\_\_\_\_

Name: \_\_\_\_\_ Miles: \_\_\_\_\_

Name: \_\_\_\_\_ Miles: \_\_\_\_\_

Total Passenger Miles Claimed: \_\_\_\_\_ X .03 = \_\_\_\_\_

**TOTAL MILEAGE EXPENSE:** \$ \_\_\_\_\_