

Camping Finance Report

Dakotas United Methodist Camp & Retreat Ministry



Camp Name: _____ Camp #: _____

Camp Location: _____ Camp Dates: _____

Camp 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, please call the Dak/MN Area Central Camping office at (855) 622-1973. Please complete this form and return **within two weeks** of the conclusion of your camp to: **Dakotas Conference Office – Attn: Finance Office Camping Report – 1331 W University Ave. PO Box 460 – Mitchell SD, 57301**

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 x _____ (# of camper days) = 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 .375 per mile. 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 .375 = _____

Dean/Counselor Name: _____

Address *(where check should be mailed)*: _____

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DEAN/COUNSELOR DRIVER MILEAGE

Round Trip Miles: _____ X .375 = _____

Dean/Counselor Name: _____

Address *(where check should be mailed)*: _____

TOTAL MILEAGE EXPENSE

\$ _____