

Camping Finance Report

Camp Minnesota

Dakotas-Minnesota Area United Methodist Camp & Retreat Ministries



Camp Name: _____ Dates: _____

Camp Site _____ Dean(s): _____

A. PROGRAM EXPENSE BUDGET

Each dean will receive reimbursement for approved out-of-pocket administrative and program related expenses. Please contact your site director with questions regarding budget. **You must have receipts for all expenses incurred.** If you have additional questions, you may call the central camping office at (855) 622-1973.

Please complete this form and return **within two weeks** of the conclusion of your camp to: **Camp Minnesota, 122 West Franklin Avenue, Suite 400, Minneapolis, MN 55404**

TOTAL PROGRAM EXPENSE BUDGET \$ _____

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 in Part C: \$ _____
