

# Camping - Program Expense Reimbursement Form

Dakotas United Methodist Camp and Retreat Ministries



Dean/Volunteer Name: \_\_\_\_\_

(One form per person)

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Camp Event: \_\_\_\_\_ Camp #: \_\_\_\_\_

Camp Location: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

## Budget for Program Expenses

**Please contact your site director with questions regarding the available budget for program expenses.** Each dean will receive reimbursement for approved out-of-pocket administrative and program related expenses. Counselors and deans will receive mileage reimbursement if you elect to do so.

Please complete this form and return **within two weeks** of the conclusion of your camp to:

**Dakotas Conference Office, Attn: Finance Office (Camping),  
1331 W University Ave, PO Box 460, Mitchell SD, 57301**

If you have additional questions, call the central camping office at (855) 622-1973 or [info@dakcamps.org](mailto:info@dakcamps.org).

**Total Funds Available for Program Expenses** ..... \$ \_\_\_\_\_

### A. Program Expense (You must attach receipts for all expenses incurred.):

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

**Total Program Expense** ..... \$ \_\_\_\_\_

### B. Dean/Counselor Driver Mileage Expense:

Mileage may be reimbursed at the rate of .435 per mile (rate is subject to change).

**Total Mileage Expense** = Round Trip Miles: \_\_\_\_\_ X .435 = ..... \$ \_\_\_\_\_

### C. Total Reimbursement:

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$

**A. Total Program Expense** + **B. Total Mileage Expense** = **C. Total Reimbursement**

Approved By (Site Director): \_\_\_\_\_ Date: \_\_\_\_\_