

Camp Co-directors' Reimbursement Request

Camp:		Co-director:
Date begin:	Date end:	Address:
# Male campers:	# Female campers:	City, State, Zip:
Materials Total: (List and attach receipts.)	\$	Phone:
Mileage: (miles x .20 \$200 max.)	\$	Notes:
Other:	\$	
Other:	\$	
Total Reimbursement: \$		Check No.:

Nurse, Counselors, and CITs

Name and Address	City, State, Zip	Miles (to, dur.,from)	Amount Due (\$200 max)	Check No.

Cook and Cook's Helpers

Name and Address	City, State Zip	Salary	Miles	Amt. Due	Check No.
		150			
		75			
		75			
		75			