Western Pennsylvania Conference ◆ United Methodist Church
Camping and Retreat Ministries 2011

Expenses for Event Program - Reimbursement

_____Dean's Signature _____ Date

Basic Program and Recruitment Available $1.00 X _____ x _____ = $ _____
days campers

Additional Program Money Available if any **$**_____ X_____ = $ _____
amount campers

Total Program Money Available $_____ **Total Program Money Spent**_____

Advance From Conference Center Camping Office (If any) **Amount**

Date of Request _____	**Date of approval**_____	**$**
For: Dean's Name_____	**Event**_____ **#**_____	

Notes on Reimbursements to Dean for Expenses – itemize & attach receipts

	$
	$
	$
	$
	$
	$
	$
Subtotal	**$**

Program Costs *paid directly* to Suppliers/Contractors/Camp

	$
	$
	$
	$
Subtotal	**$**

Program Expenses Charged at Camp Site

	$
	$
	$
	$
Subtotal	**$**

_____Date Camp Camp Director _____
Or other authorized person doing check-out

Please, please turn this form in before leaving camp.