

# Camping - Program Expense Reimbursement Form

Dakotas United Methodist Camp and Retreat Ministries



Dean/Counselor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(where check should be mailed)

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. If you have additional questions, 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:

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

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 .393 per mile (rate is subject to change).

Total Mileage Expense = Round Trip Miles: \_\_\_\_\_ X .393 = ..... \$ \_\_\_\_\_

### C. Total Reimbursement:

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

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

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_