

Camping Finance Report

Dakotas United Methodist Camp & Retreat Ministry



Camp Name: _____ Dates: _____

Camp Site _____ Dean(s): _____

Each Dean will receive reimbursement for out-of-pocket administrative and program expenses. **You must have receipts for all expenses incurred.** Counselors and deans will receive mileage reimbursement if you elect to do so. If you have questions, you may call the office at (855) 622-1973. Please complete this form and return **within two weeks** of the conclusion of your camp to: **Dakotas United Methodist Camps – DAK/MN Area Central Camping Office – 122 West Franklin Avenue, Suite 400 - Minneapolis, MN 55404**

A. PROGRAM INCOME

Program/Counselor Subsidy determined by the following process:

1. Number of camper days: 2 night camp = 1.75 camper days (with 5 meals) or 2 camper days (with 6 meals)
5 night camp = 4.75 camper days

2. $\$3 \times \frac{\text{_____}}{\text{(# camper days)}} = \text{Program Subsidy per camper.}$ \$ _____

TOTAL INCOME in Part A (total from #2 x # of campers) \$ _____

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 \$ _____

D. MILEAGE EXPENSE:

Mileage may be reimbursed at the rate of .348 per mile with an additional .03 per mile per passenger, up to a total of 3 passengers (*Only counselors may be counted as passengers, not shepherds, C.I.T.s, or campers.*) Please list passengers (if any.) Mileage checks will be sent to each individual driver that wishes to claim mileage, so please include mailing addresses. (*If claiming more than two reimbursement checks for mileage please attach additional sheet.*)

-DEAN/COUNSELOR DRIVER MILEAGE

Round Trip Miles: _____ X .348 = _____

Dean/Counselor Name: _____

Address (*where check should be mailed*): _____

PASSENGERS

Name: _____ Miles: _____

Name: _____ Miles: _____

Name: _____ Miles: _____

Total Passenger Miles Claimed: _____ X .03 = _____

-DEAN/COUNSELOR DRIVER MILEAGE

Round Trip Miles: _____ X .348 = _____

Dean/Counselor Name: _____

Address (*where check should be mailed*): _____

PASSENGERS

Name: _____ Miles: _____

Name: _____ Miles: _____

Name: _____ Miles: _____

Total Passenger Miles Claimed: _____ X .03 = _____

TOTAL MILEAGE EXPENSE: \$ _____