Reimbursement Receipt Tracking

Date: **Day Camp ID:** **Unit:**

Volunteer Name: **Phone #:** **Business Director:**

Receipts *Must be Attached*				Money spent to be reimbursed			
Item(s) Description	Purpose	Vendor	Date of Purchase	Cash Paid	Credit Paid	Check Paid	Total
			Total				

For Day Camp Personnel Only

	Totals per Expense Item
Consultants	
Food	
Office Supplies	
Program Supplies	
Patches	
T-Shirts	
Health Supplies	
Janitorial/Housekeeping	
Site Rental Fee	
Portalets	
Buses	
Insurance	
Total	

Check # **Date:**

Council Staff Use

Date Received:

Received By:

Approved:

Business Manager

Comments

05-1363-02/2020