

# Reimbursement Request

Chambers Camp & Ministry Center

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Camp or Retreat \_\_\_\_\_

Amount of Reimbursement \$ \_\_\_\_\_  
(Attach receipts to this form)

Person Reimbursed \_\_\_\_\_

Address of Reimbursed \_\_\_\_\_  
\_\_\_\_\_

Description of Expense  
\_\_\_\_\_  
\_\_\_\_\_

## Special Instructions

- Requests must be accompanied by this form with the receipts attached.
- Requests must be received within thirty (30) days of the receipt date.
- Requests must be mailed to Sherry Falke, 110 Campground Road, Beaver Dams, NY 14812 or placed in a special camp mail slot located on the side porch of her home.

### FOR OFFICE USE ONLY:

Amount Approved \$ \_\_\_\_\_

Approved by \_\_\_\_\_

Signature \_\_\_\_\_