Dean's Expenses

Dean(s) _____

Camp Week _____

- **Please provide all receipts for expenses and attach to this sheet. Monies may not be reimbursed if receipts are not provided.**

Expenses:

_____

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Please send this form and all receipts to the camp treasurer: Diane Renning
314 Greene St.
Clarksville, Ia.
50619

- **Any major expense must be approved by the Executive Board or Board of Trustees.**