



Camp Knutson Volunteers Reimbursement Form

Complete the form below and attach your receipt(s).

Name _____

Address _____

City _____ State _____

Phone number _____

Email address _____

Purchase(s) made for:

Event _____ Night Under the Stars

_____ Other _____

_____ Other _____

Committee: _____

Total reimbursement amount: \$ _____

_____ I do not wish to be reimbursed. This is a donation.

Approved: Chair/Co-chair _____

Please turn this form and receipts into the Camp K Director/Administrative Assistant. Please call 218-543-4232 with any questions.