

Camp Sponsors:

Complete this form for each camp held during each month's claim for reimbursement.

Sponsor Name: _____

Agreement Number: _____

Month/Year: _____

Camp names or sessions in this claiming month	Beginning/ending dates	Total Enrollment	Number of children determined to be income eligible
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

This form must be completed, saved with the month/year noted and e-mailed to Joan.Orender@nde.ne.gov or Shawn.Vondracek@nde.ne.gov on the same day the claim for reimbursement is entered into the web-based reporting system.

Failure to send the form via e-mail will result in delay of the claim payment.

Example

Camp Sponsors:

Complete this form for each camp held during each month's claim for reimbursement.

Sponsor Name: Salvation Army

Agreement Number: 28-3007

Month/Year: 6-200X

Camp names or sessions in this claiming month	Beginning/ending dates	Total Enrollment	Number of children determined to be income eligible
1. Junior Camp	June 2-6	50	30
2. Senior Camp	June 9-13	55	32
3. Spirit Camp	June 12-20	60	34
4.			
5.			
6.			
7.			
8.			

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Failure to send the form via e-mail will result in delay of the claim payment.