

TWIN PINES SUMMER CAMP BUDGET WORKSHEET

Camp _____ **Dates** _____

| | Honorarium | Total |
|-------------------------|-------------------|--------------|
| Director _____ | _____ | \$ _____ |
| Assoc. Director _____ | _____ | \$ _____ |
| Prog. Coordinator _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

TOTALS \$ -

Program Expenses (attach receipts):

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Additional Expenses (give detail, attach receipts):

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

GRAND TOTAL \$ -

ANY QUESTIONS OR PROBLEMS CALL CAMP AT 570-629-2411

YOUR BUDGET FORM IS DUE TO THE EXECUTIVE DIRECTOR ON THE FIRST FULL DAY OF YOUR CAMP

THANK YOU FOR BEING BUDGET CONSCIOUS!