

VENDOR SHEET

USE THIS FORM FOR: All camp expenditures needing to be paid by District office, excluding Director reimbursements reported on the Camp Program Director Expense Form. **Vendors listed below have NOT received payment for goods & services.**

CAMP _____

DIRECTOR _____

INSTRUCTIONS: List below the vendor information for all outstanding bills. Indicate camp expense category for each payment required. ATTACH RECEIPTS identified with Vendor name. Use reverse side for additional expenses. RETAIN A COPY FOR YOUR RECORDS.

VENDOR NAME (Payable to:)

ADDRESS (Send to:)

CITY/STATE/ZIP

Supplies \$ _____	Literature \$ _____
Postage \$ _____	Promotional Iter \$ _____
Telephone \$ _____	Speaker/Music \$ _____
Printing \$ _____	Camp Store \$ _____
Mileage \$ _____	User Fee \$ _____
Meetings \$ _____	Other Prog Exp \$ _____
Crafts \$ _____	

AMOUNT DUE: \$ _____
OUTSTANDING BALANCE

TOTAL FROM ABOVE: \$ _____
EQUALS AMOUNT DUE

VENDOR NAME (Payable to:)

ADDRESS (Send to:)

CITY/STATE/ZIP

Supplies \$ _____	Literature \$ _____
Postage \$ _____	Promotional Iter \$ _____
Telephone \$ _____	Speaker/Music \$ _____
Printing \$ _____	Camp Store \$ _____
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Crafts \$ _____	

AMOUNT DUE: \$ _____
OUTSTANDING BALANCE

TOTAL FROM ABOVE: \$ _____
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PLEASE COMPLETE AND RETURN WITHIN 30 DAYS OF YOUR CAMP!
Mail to: Camps Board Chairman, Intermountain District Camps, 55 SW 5th Ave, #100, Meridian, ID 83642

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ADDRESS (Send to:)

CITY/STATE/ZIP

AMOUNT DUE: \$
OUTSTANDING BALANCE

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Crafts \$

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TOTAL FROM ABOVE: \$
EQUALS AMOUNT DUE

VENDOR NAME (Payable to:)

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