NAME OF CAMP:			Date(s):	
NAME(S) OF CAMP DIRECTOR:				
REVENUE:				
Number of Registrants: Students/Campers: (discounted): Other: Other:	@ @ @	-	equals Revenue: equals Revenue: equals Revenue: equals Revenue:	0 0 0 0
			TOTAL ACTUAL REVENUE:	\$-
EXPENSES:				
Payroll Expenses District Employees:	A stual			
District Employees:	Actual \$	-	Pay Rates Each Day	
	\$	-	Pay Nates La	-
	\$	-	Camp Director 4 hrs or less	
	\$	-	Camp Worker 4 hours or less	
	\$	-	Camp Director per hour over	
	\$	-	Camp Worker per hour over	
	\$	-		
Total Gross Pay	\$	-		
Plus 10% (gross pay) payroll taxes	\$	-		
Non-Employee Workers & Supplies:	Actual		Activity Account Code	
	\$	-		
	\$	-	Account 1:	
	\$	-		
	\$	-	Account 2:	
Subtotal Additional Expenses	\$	-		
TOTAL EXPENSES:	\$	-		
SUMMER CAMP NET INCOME (LOSS)	\$	-		
Coach/Teacher Signature		Business Office Approvals		
AD's or Principal Signature			Campus BO:	
CFO Signature			District BO:	

v. March 2024