



REIMBURSEMENT STATEMENT

Form 06-20T

Revised 12-06

Do Not Write In Shaded Areas

Work Camp Name		Work Camp Director Name		Position at Work Camp, ie., Color Group Leader		Date	
Pay To The Order Of				Street Address			
City		State		Zip		Home Phone Number	
<p>Fax to U.M. ARMY With Copies of Receipts For Reimbursement 281-333-3066 Indicate The Expense Breakdown In The Corresponding Category For The Total Reimbursement</p>							
CATEGORY		AMOUNT		CATEGORY		AMOUNT	
Food		\$		Administration		\$	
Materials		\$		Waste Management		\$	
Programs		\$		Safety		\$	
Leadership (Travel)		\$					

Signatures Required For Release Of Funds

The Administrative Coordinator Has Reviewed The Above Request For Reimbursement And Has Attached All Receipts.

The check will be written within 24 hours of receipt at the U.M. ARMY –Texas Conference office.

ADMINISTRATIVE COORDINATOR *Signature* _____

CAMP DIRECTOR *Signature* _____

PAYEE *Signature* _____

CONFERENCE EXECUTIVE DIRECTOR *Signature* _____

To be signed upon receipt at U.M. ARMY office.