

**2016 Hudson-Delaware LDS Regional Scout Encampment
Request for Reimbursement**

Submitted By _____ **Date** _____

Payee _____ **Address** _____

Description of Expense _____

Actual Cost: _____

Receipts: **Yes** **No** **Substitute:** _____

Approval

Camp Director Signature: _____ **Date:** _____

Bishopric Signature: _____ **Date:** _____

MLS Account Coding

Budget: _____

Fast Offering: _____

Other: LDS Regional Scout Camp