

Camp Manitou: Reimbursement Form

Name: _____ Date: _____

Address: _____

Camp or Committee: _____

Please complete the table below for the item(s) purchased on behalf of Camp Manitou. Please ensure you have submitted the *original* receipts along with this form. Thanks.

No.	Item Description	Item Cost	5% GST	8% PST	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Totals					

Additional Information:

Please mail to:

Camp Manitou
P.O. Box 343
Naughton, ON.
P0M 2M0