



American Camp Association
 Illinois
 67 E. Madison Street, Suite 1406
 Chicago, Illinois 60603-3014

DFI TITLE XX BILLING FORM

DATE _____

OFFICE USE ONLY

"Funding provided in part by the Illinois Department of Human Services"

# Campers	Days	Nights	Dollars
RUNNING TOTALS FOR SAME SESSION ONLY			

Page Number _____

(1st Page of Billing Only)

Organization _____ Address _____ Zip _____

Billing Contact Person _____ Phone Number _____ Per Diem \$ _____

Multiple Days/Nights x Per Diem to get dollars entered here for each camper.

Days _____ Nights _____ Campers _____ Dollars _____

Adjusted Running Total Prior Page(s) _____

CORRECTED COPY MAILED TO CAMP

Date _____ Staff Initials _____

Case Name	Case Number or Teen REACH Agency	camper Case Name	Dates of Service	Only Day Camp Days	Only Resident Camp Nights	Dollars	Adjusted Days	Adjusted Nights	Reason for Adjustment
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

ENCLOSE WITH THIS BILLING TO ACA:
 1 — CAMPER REPORT FORMS
 2 — TOP COPY OF THIS FORM
 (2ND YELLOW COPY FOR CAMP FILES)

Total This Page:	# Campers	Days	Nights	Dollars	Adjust/Days	Adjust/Nights	
RUNNING TOTAL (ABOVE PLUS THIS PAGE) FOR SAME SESSION ONLY							
# Campers	Days	Nights	Dollars	Days	Nights	Campers	Dollars
(Adjusted Running Total to be Carried Forward)							