



## EXPENSE REIMBURSEMENT FORM

PERSON OR FIRM TO BE PAID \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR EXPENSE \_\_\_\_\_  
\_\_\_\_\_

KCA MEMBER SUBMITTING REQUEST \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

### ITEMIZED EXPENSES (Receipts MUST be attached)

Budget Line	Function	Description of Expense	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL			\$ _____

Were these KCA Convention Expenses? \_\_\_\_\_

DATE PAID \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

Send to: Sylvia Schmidt, 16911 S. Woodberry Rd., Mt. Hope, KS 67108