



REIMBURSEMENT OF EXPENSE / PAYMENT REQUEST FORM

KASFAA recommends that you request permission from your institution or supervisor to volunteer in order to obtain support for your involvement. These volunteer committees are unpaid positions and the travel expenses to committee meetings will not be reimbursed.

Name _____ e-mail address _____

School/Organization _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ FAX _____

Committee or Activity (List budget line item, if known) _____

A. Itemized Travel Expenses for attendance at: _____

From: (mm/dd/yy) _____ To: (mm/dd/yy) _____

Hotel Expense: \$ _____

Car Expense @ .505 per mile: \$ _____

Other Transportation Expense: \$ _____

Meal Expense: \$ _____

Miscellaneous Expense: \$ _____

B. Itemized Expenses/Payment for: _____

Expense/Payment: _____ \$ _____

Expense/Payment: _____ \$ _____

Expense/Payment: _____ \$ _____

TOTAL ALL EXPENSES/PAYMENTS: \$ _____

Make check payable to: _____

Mail check to: _____

Submitted by: _____

(Signature of Committee Chairperson or Officer)

(Print name and email address)

NOTE: PLEASE ATTACH ALL RECEIPTS/INVOICES - Staple or tape all original receipts to a separate sheet of paper and attach to this request.

MAIL TO: Donna Carter
KASFAA Treasurer
1845 N. Fairmount, Box 24
Wichita, KS 67260-0024