Kansas Geographic Alliance

Financial Reimbursement Request

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Activity Reimbursement Request

Activity / Event		
Date(s) of Activity		
Location		
Activity	**Host**	
	Presentor-1	
	Presentor-2	
Requestor	**Name**	
	Mailing Address	
SSN	**Phone Number**	

IMPORTANT NOTICE

Please use this form or provide the equivalant information to enable us to more efficiently process reimbursments.

The activity reimbursement portion of this form or equivalent information should be completed and approved before the date of the activity/event. Original receipts, mileage log, and other documentation should be submitted within a week of occurrence and must be submitted two weeks before the end of the grant or fiscal year. Detailed information must be submitted for each member requesting reimbursement.

Anticipated Expenses

Type of Expense		Description of Expense	Rate	Quantity	Total Expenses
Travel	*Limited to grant approved rate ($.30/mi)*		$0.30		$0.00
Travel Meal		*Meal reimbursement can be requested for meals not provided at activity/event. Max per meal reimbursement $8.00*			$0.00
Travel Lodging	*Limited to State rate ($70/night) and double*	☐ *check if KGA sponsored/direct billed to KGA*			$0.00
Reimbursable expenses					$0.00
					$0.00
					$0.00
					$0.00
			Grand Total		$0.00

Requestor Signature: ..... **Date:** .....

Approval Signature: ..... **Date:** .....

Submitted Expenses

Expense	Purpose / Description of Expense	Rate	Quantity	Total Expenses
Mileage	*(at grant approved rate .30/mi)*	$0.30		$0.00
Name	*Meals not provided*			$0.00
Hotel Name	*Lodging*			$0.00
Reimbursable expenses	*(original receipts required) Please include detail as to use or purpose.*			$0.00
Business Name				$0.00
Business Name				$0.00
Business Name				$0.00
Number of Participants		**Grand Total**		$0.00

Additional Information

Office Use Only

Request Received / Approved:	**Date Submitted**	**PR:**
	Requested Amount	**PO:**