



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 @ 54¢ 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: X _____

(Signature of Committee Chairperson or Officer) (Date Submitted)

(Print name and email address)

----- **NOTE: PLEASE ATTACH ALL RECEIPTS/INVOICES** -----

RETURN TO: Keith Fitzsimmons 913-588-2594 voice
 KASFAA Treasurer 913-588-2597 fax
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 3901 Rainbow Blvd
 Kansas City, KS 66160