



American Association of Family and Consumer Sciences

Kansas Association of Family and Consumer Sciences

Board Reimbursement Request

Send to: KAFCS Treasurer (submit immediately after expenses are incurred)

Date of Request: _____

Name: _____ Position: _____

Please make the following payment to: _____

Person or business: _____

Address: _____

Attach receipts, copy of phone bills, etc. to cover each item listed below.

	<u>Date</u>	<u>Purpose of Expense</u>	<u>Amount</u>
1.			
2.			
3.			
4.			

Total Reimbursement Due \$ _____

(Official Use Only)

Date Paid _____

Check No. _____

Revised, 1996