

K-STATE CLASSIFIED OPPORTUNITY FUND
Personal Reimbursement Form

Name of Employee: _____

Position and Full Title of Nominee: _____

Employee ID Number: _____

Name of Employing Unit: _____

Campus Address: _____

Employee Signature: _____

Eligibility and Criteria

Any Classified employee may request a personal reimbursement for up to 25% of qualified expenses, not to exceed \$100. The number of awards may be limited due to the number of requests received and/or the amount of funds available. Original receipts must be provided for all personal reimbursement requests.

Expenses:

1. **Textbook** – Applicant must provide the original textbook(s) receipt and a copy of class schedule.

Total Amount of Books _____ x 25% = _____
Amount requested
(Not to exceed \$100)

2. **Office Equipment/Supplies/Tools** – Requests limited to items that will help the classified employee perform their job duties and that the employee's department is unable to purchase.

Item Name: _____ Amount Requested: _____

Please describe how the item will help the employee perform job duties:

3. **Professional Development** – Expenses incurred by classified employees for seminars or conferences attended to improve current work skills. Requests limited to items the employee's department will not reimburse.

Seminar/Conference Attended: _____

Date: _____

Please describe how this event relates to your current position:

Complete the reimbursement form, print and submit to the Office of the Vice President for Administration and Finance (VPAF), 105 Anderson Hall, along with original receipts. Please note that these items are taxable income.