

PERSONAL REIMBURSEMENT INFORMATION
ORIGINAL, ITEMIZED RECEIPTS AND W-9 FORM NEED TO BE ATTACHED
DO NOT USE FOR TRAVEL REIMBURSEMENT

REIMBURSEMENT MADE PAYABLE TO:

Individual or Organization Name _____

If Individual Reimbursement: Student organization associated with _____

Individual's Social Security Number or Organization's Federal Tax ID Number _____

**Mandatory. This information is used for IRS tax reporting purpose, K.S.A. 76-725, I.R.S Code 6109 (a)(2)&(3)*

Address: (include city, state & zip) _____

Contact Person Phone Number _____ and Email _____

Event Title _____

PURCHASE INFORMATION (Each item must be listed or attach spreadsheet of each item)

Item(s) Purchased	_____	\$ _____	_____
	Item	Amount	Date
	_____	\$ _____	_____
	Item	Amount	Date
	_____	\$ _____	_____
	Item	Amount	Date
	_____	\$ _____	_____
	Item	Amount	Date

Total Amount to Reimburse \$ _____

IT TAKES THE STATE OF KANSAS 2-3 WEEKS TO ISSUE PAYMENT. IF YOU ARE AN EMPLOYEE YOUR CHECK WILL BE DIRECTLY DEPOSITED TO YOUR BANK ACCOUNT ON RECORD. IF YOU ARE NOT AN EMPLOYEE YOUR CHECK WILL BE MAILED TO THE ABOVE ADDRESS.

I certify the above information is true and correct to the best of my knowledge.

Signature

Date