

TRAVEL REIMBURSEMENT REQUEST

Kansas Association of Colleges and Employers

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Submitted by (include address):		Make check payable to, if different than submitter (include address):			KACE committee/purpose/location:
Date	Meals *Receipts Required	Personal auto @ \$.14 per mile	Parking & tolls *Receipts Required	Lodging *Receipts Required	Other (explain below)
Total expenses \$	\$	\$	\$	\$	\$
Total due \$	Explanations:			Accounting use only:	
Signature of submitter				Date	