KARS Reimbursement Request Form

Date: _____ Requested by: _____

Amount: $_____ Meeting Approval Date: _____

Make check payable to: _____

Mail check to: _____

>> Receipts must accompany this form to be reimbursed. <<

What activity / purpose: _____

Description of expense(s): _____

_____

_____

_____

_____

For KARS Treasurer use only:

Check # _____ Date: _____ Amount $: _____