

Kansas FCCLA Expenses Reimbursement Request Form

*Please email to plamb@ksde.org
within two weeks of purchase for reimbursement.*

Payable to: _____

Position: _____

Event item(s) purchased for: _____

Address for Recipient of Check:

Receipts must be attached to receive payment.

Date Purchased	Item Purchased	Cost

Signature of Chapter Advisor: _____

Date Sent to State Office: _____

FOR STATE OFFICE USE ONLY

Date Received: _____

State Advisor Signature: _____