

*REIMBURSEMENT FORM or
EXPENDITURE REQUEST
Kansas ASCD*



TO: _____

For Treasurer's Use:

Line Item _____ \$ _____
 Line Item _____ \$ _____
 Line Item _____ \$ _____
 Line Item _____ \$ _____

Deliver To:

Mary Getto
 KASCD Treasurer
 Curriculum Director
 USD 340 Jefferson West
 601 E. Wyandotte, PO Box 267
 Meriden, KS 66512-0267

**Note: Attach original receipts to this form.
 Reimbursements should be submitted within
 30 days of the purchase or activity.**

QUANTITY	DESCRIPTION/ITEM	UNIT	PRICE

Requested by _____ Date _____
 Signature

KASCD Treasurer _____ Date _____

Approved by _____ Date _____
 USA Executive Director