

## KEAFCS Payment Reimbursement Form

Please fill out the form below and send the form and receipts to:

Chelsea Richmond, 501 W. Main, Council Grove, KS 66846

Date: \_\_\_\_\_

Payment to be sent to:

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list all receipts that you are requesting payment for and attach receipts.

From	For	Amount
	<b>TOTAL</b>	

Requested by \_\_\_\_\_

*Signature*