

Region 4 EMS Council, Inc
Reimbursement Request Form

Mail completed form and copies of receipts to:

Region 4 EMS
1297 16th Road
Clay Center, KS 67432

Date Request Submitted:

Reimburse to: Name
Mailing Address

Phone Number

E-mail address

Date of Expense

TYPE OF EVENT (please circle)	Testing Education Meeting Daily Operations
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NAME of EVENT	<input style="width: 600px; height: 20px;" type="text"/>
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TYPE OF EXPENSE	<i>Miles</i>	<i>Rate</i>	Mileage Totals
Mileage	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Lodging	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Meals	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Supply / Equipment Purchase	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Instructor Fee	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Registration / Enrollment Fee	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
OTHER Expense (explain below)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL DUE	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

By my signature below I confirm that the listed expenses are a true and accurate accounting of reimbursement owed to me by the Region 4 EMS Council, Inc.

SIGNATURE

Office Use Only below this line

Approved By (signature)	<input style="width: 90%; height: 20px;" type="text"/>	
Approved By (print name)	<input style="width: 90%; height: 20px;" type="text"/>	

Routine Approval Date:	<input style="width: 90%; height: 20px;" type="text"/>	Account	<input style="width: 90%; height: 20px;" type="text"/>
		Date Paid	<input style="width: 90%; height: 20px;" type="text"/>

Board Approval Date:	<input style="width: 90%; height: 20px;" type="text"/>	Check Number	<input style="width: 90%; height: 20px;" type="text"/>
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All POV mileage for single day events will be reimbursed based on the Official Kansas Distance Chart issued by KDOT and mileage for multi-day events involving an overnight stay will be afforded an extra 20 miles daily unless otherwise directed by the Board
All Expenses for lodging, meals, supplies, equipment and other tangible goods must be accompanied by a copy of the itemized and dated sales receipt
All expense reimbursements are subject to approved Region 4 policies regarding reimbursement.
All lodging will be reimbursed per the current state government rate unless otherwise approved in advance by the Board