

CWMA Scholarship Reimbursement Form



Please legibly complete scholarship reimbursement form.

MEMBER INFORMATION			
First Name:		Last Name:	
Title:		Organization / Jurisdiction:	
Street Address:			
City:		State:	Zip Code:
Phone Number:	Fax Number:	Email Address (Required):	
TRAINING INFORMATION			
Training Received		Training Location:	Dates of Travel:
EXPENSES			
Airfare: *Please provide receipt.		\$	
Personal Vehicle Travel: *Millage rate may be adjusted as per IRS Millage Rate Schedule.		Number of Miles:	\$
Parking: *Please provide receipt.		\$	
Ground Transportation: *Please provide receipt.		\$	
Time You Left Home on Day 1:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time You Arrived Home on Last Day:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Per Diem: \$30/Day Breakfast \$7.50, Lunch \$7.50, Dinner \$15		Number of Days:	\$
Lodging: *Please provide receipt.		\$	
Miscellaneous Expenses * Please provide receipt.		\$	
Total Expenses Claimed:		\$	
Signature:		Date:	

Submit form to:

Attn: Sherry Turvey
 Kansas Department of Agriculture
 1320 Research Park Drive
 Manhattan, KS 66502

P. (785) 564-6682 F. (785) 564-6779 E. sherry.turvey@ks.gov