

Region 4 EMS Council, Inc
Reimbursement Request Form

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: 75%;" type="text"/>
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TYPE OF EXPENSE	Miles	Rate	Mileage Totals
Mileage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lodging	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supply / Equipment Purchase	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructor Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER Expense (explain below)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL DUE	<input type="text"/>	<input type="text"/>	<input 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 type="text"/>	
Approved By (print name)	<input type="text"/>	
Routine Approval Date:	<input type="text"/>	Account Date Paid <input type="text"/>
Board Approval Date:	<input type="text"/>	Check Number <input type="text"/>

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