

KAE4-HA REQUEST

Reimbursement/Payment Request Form



Date: _____

From: _____
KAE4-HA Member

_____ County

_____ *KAE4-HA Office*

_____ *KAE4-HA Committee*

Method of Payment (Check One)

_____ I paid for the following with personal funds. I request reimbursement for same.

_____ Item (s) was charged. Please make check payable to _____.

Address to Mail check _____

- Receipts **MUST** be attached.
- KAE4-HA has a Purchase Exemption (sales tax exempt) certificate. **The KAE4-HA will not reimburse Kentucky sales tax.**
- For travel related items, KAE4-HA follows the state UKCA travel guidelines in terms of per diems, low cost providers for travel, etc., and print travel detail summary.
- Reimbursement or Check Request may take up to a month to acquire.

DATE	ITEM	WHERE PURCHASED	AMOUNT
TOTAL			\$

Attachment (s): Receipts

Return to

KAE4-HA Treasurer, Susan Campbell

*You can email completed form and receipts to:
 Susan.campbell@uky.edu*

→ _____
Signature of person submitting request