KICKS Expense Reimbursement Form

Name: _____ Date: _____

A. To guarantee eligibility for reimbursement, the expense must be:

☐ Approved in advance by the SIS Advisory Committee.
Approval Date: _____

AND

☐ Submitted within 30 days of expenditure.
Expense Date: _____
(Other reimbursement requests will be evaluated on an individual basis.)

B. Itemize expenses below:

	Description	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	Total:	

C. Remarks:

D. Attach receipts or other documentation for these expenses to this form.

E. Submit this form and its attachments to the SIS Advisory Committee for reimbursement.

Disposition:

This reimbursement is ☐ approved ☐ approved in part ☐ not approved.

Remarks:

KICKS Treasurer: _____ / _____
(Print) (Sign) (Date)