

KANSAS OPERATION LIFESAVER, INC. SUMMARY OF REIMBURSEMENT

Submitted by: _____ Date: _____
Print Name

Starting location address: _____
 Month and year _____

Vehicle: (Mileage Only) at .25 cents per mile - no reimbursement for tolls, parking, meals, etc. Active Presenters traveling 50 miles or more as a course of conducting presentations or managing a booth in a one day (24 hour period); will be reimbursed, if they are not compensated by their employer or by other means.

Date	Travel Location	Performed	Miles
Check Number: _____		Total Miles	
		TOTAL EXPENDITURES	

Presenter's Signature: _____

ADDRESS: _____

Approved by: _____ Date: _____

Julie La Combe 785-806-8801
 Executive Director, KS OL