OPERATION LIFESAVER® Kansas

SUMMARY OF REIMBURSEMENT

Submitted By: _____ Date: _____
Please Print

Starting location address: _____

Month & 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	Event	Miles
		Total Miles	
		TOTAL EXPENDITURES	

Presenter's Signature: _____

ADDRESS: _____

Approved By: _____ Date: _____
State Coordinator

Check Number: _____