

Kansas Association for the Education of Young Children

Board Member and Committee Chairperson Reimbursement Voucher

Payable to: _____

Date: _____

Acct. #	Budget Line	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total to be reimbursed	\$ _____

Description: _____

Date Paid _____ Check Number _____ By _____