Kansas Association of the Education of Young Children
Board Member Travel Expense Reimbursement Voucher

Payable To: _____ **Date:** _____
Address:_____
_____

Air Fare, Lodging, Auto Rental, Conference Fees, Other				
Dates Travelled	Description	Who Attended/ Travelled	Amount	Business Purpose (Include Destination)
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
		Total	$ -	

Meals				
Date	Description (Include Location)	Who Attended	Amount	Please attach itemized receipt. KAEYC will reimburse meals and will not reimburse alcohol. Expenses deemed excessive may not be reimbursed
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
		Total	$ -	

Acct Number	Budget Line	Amount
Total Amount to be reimbursed		$ -

Please attach itemized receipt. KAEYC will reimburse meals and will not reimburse alcohol. Expenses deemed excessive may not be reimbursed.

_____
Board Member Signature

Date Paid _____ Check Number _____ By_____