



PO Box 361
Gardner, Kansas 66030
Email Treas@jocokansasfair.com

Reimbursement Form:

Scanned copies are acceptable. Payment is made by mail from the bank to the below name unless another method is requested.

Date: _____

Payee Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Purpose of Expense:

Individual Receipts Amounts (copies or the original receipt need to be included with the Request form):

_____	_____	_____
_____	_____	_____

Total of Individual Receipts: _____