



PO Box 361  
Gardner, Kansas 66030  
Email [Treas@jocokansasfair.com](mailto: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:

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

_____	_____	_____
_____	_____	_____

Total of Individual Receipts: \_\_\_\_\_