

KSHT Expense Reimbursements Form

Note: Please use this form to categorize and summarize the expenses paid. Please attach **all** the original expense receipts to this form. Expenses Forms will not be processed without the original receipts. Please allow two to three weeks for processing of the form.

Contact Information

Name: _____
Phone: _____
Email: _____

Expenses To Be Considered For Reimbursement

Item #	Purchase Date	Item/Purchase Details	Reason	Payment Method	Total Expense
Total Reimbursement:					

Office Use Only

Amount Paid: _____ Expense Category: _____
 Check Number: _____
 Date Paid: _____
 Processed By: _____