

# SENIORS IN FRANKFORT ADVOCACY

## APPROVAL REQUEST FORM 2012



Agency submitting: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Date Attending: \_\_\_\_\_

1) Meals have been approved at \$9.00 each for the following number \_\_\_\_\_ \$ -

2) Transportation: Reimbursement will be \$ .48 per mile for cars/vans/buses

Number	Car	Van	Bus	Number of Seniors
Vehicles @.48 ***** Enter number of vehicles above for per mile reimbursement				0
MILES ROUND TRIP	0	0	0	
TOTAL	\$ -	\$ -	\$ -	

TOTAL AMOUNT MEALS & TRANSPORTATION APPROVAL \$ -

APPROVED BY: \_\_\_\_\_

DATE OF APPROVAL: \_\_\_\_\_  
 \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, PLEASE CALL PEGGY ROLL AT 606-436-3158 FAX # 436-2144  
[peggy@kradd.org](mailto:peggy@kradd.org)