

SENIORS IN FRANKFORT ADVOCACY

PAYMENT REQUEST FORM 2012

*****PAYMENT REQUEST MUST HAVE COPY OF KSP SIGN IN*****



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				0

Enter number of vehicles above for per mile reimbursement

MILES ROUND TRIP

0	0	0
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TOTAL	\$ -	\$ -	\$ -
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TOTAL AMOUNT MEALS & TRANSPORTATION APPROVAL \$ -

APPROVED BY: _____

DATE OF APPROVAL: _____

DATE OF PAYMENT: _____

BE SURE TO SEND IN PAYMENT REQUEST W/LIST OF SENIORS ATTENDING (KPS SIGN IN)

IF YOU HAVE ANY QUESTIONS, PLEASE CALL PEGGY ROLL AT 606-436-3158 FAX # 436-2144

peggy@kradd.org