

**Exhibit K**

**TEFAP Request for Reimbursement**

(Rev. 07/23)

Calendar Month: \_\_\_\_\_

To determine allowable expenses, please refer to the DCF Kansas Commodity Distribution Manual, Section 6000, Reimbursements. Note: All Expense Reimbursement Requests must be submitted Monthly & be accompanied with documentation of each item listed, such as gasoline tickets for rented vehicles & equipment rental. Private mileage reimbursement must be documented in Section I on this form. Incorrect forms may result in no payment.

Participating Organization: \_\_\_\_\_

Check Made Payable To: \_\_\_\_\_

**KS**

\_\_\_\_\_  
Signature of Individual or Participating Organization Requesting Reimbursement.

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Federal I.D. of above individual or organization

**I. Travel Expense**

Date	Traveled From/To:	Total Miles	Rate Per Mile	Total
			65.5¢	
Sub Total				

**II. Other Expenses**

Date	Type Expense (Please List)	List of Attached Documentation	
Sub Total			

Check List:

- Participating organization signature
- Documentation (receipts)
- Mileage reimbursement rate
- Vendor Number / FEIN
- Current W-9 on file

\_\_\_\_\_  
TEFAP Coordinator Signature / Date

Total

\_\_\_\_\_