

# SOUTH CENTRAL KANSAS SPECIAL EDUCATION COOPERATIVE REIMBURSEMENT VOUCHER

THIS FORM MUST ALSO BE USED FOR ALL APPROVED CONTINUOUS IMPROVEMENT REIMBURSABLE EXPENSES WITH APPROPRIATE RECEIPTS ATTACHED.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Position \_\_\_\_\_ Individual Development Plan On File: Yes \_\_\_\_\_ No \_\_\_\_\_

**I Certify That the below requested reimbursement is correct, due and unpaid by SCK-SEC.**

**Signature:** \_\_\_\_\_

### MILEAGE LOG

Date(s)		Starting Location:	Destination:	Beginning	Ending	Total	Personal	Reimbursable
From:	To			Odometer	Odometer	= Miles Driven	-- Miles	= Coop. Miles
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							

Total Reimbursable Mileage \_\_\_\_\_

### Date                      Conference / Inservice / Other Activities Attended


### Itemized Expenses      (Employee Paid)

Date Incurred	Expense Description	Amount	Expense Description	Amount
Total Emp. Exp.			Total Emp. Exp.	

**THIS FORM MUST BE RECEIVED IN THE SCK-SEC ADMINISTRATIVE OFFICE NO LATER THAN THE 1ST DAY OF EACH MONTH FOR THE PRIOR MONTH'S EXPENSES**