

Instructions for Substitute and Travel Reimbursement Request Form from K-State Engineering Extension

1. Complete the information on the following page.
2. Once completed, print the following page on your school/organization letterhead.
3. Print a copy of the school's most recent W9 form. *NOTE: the W9 must have been signed and dated within the previous 12 months for it to be considered valid.*
4. Mail or fax the completed document and the W9 form to the following address or fax number within 30 days of the event. Requests received after 45 days will NOT be honored.

Mailing address

K-State Engineering Extension; ATTN: David Carter
2323 Anderson Ave, Suite 300
Manhattan, Kansas 66502

Fax number: 1-785-532-6952

Questions? Contact David Carter at dcarter@ksu.edu or 785-532-4998.

Substitute and Travel Reimbursement Request Form from K-State Engineering Extension

Name of event: _____

Date of event: _____

Name of participating
teacher(s)/organizer(s): _____

Cost for each substitute:
(if multiple, list each separately) _____

Starting address for mileage
reimbursement:
(see Note 1 below) _____

Event address: _____

Number of vehicles:
(see Note 2 below) _____

Contact person at school district: _____

Contact phone number: _____

Contact email address: _____

To whom should reimbursement
check be written: _____

Mailing address to send
reimbursement check: _____

School representative: _____
Printed name *Signature*

Note 1: Starting address must be the school's or organization's physical address. Mileage will be reimbursed at the current IRS rate (\$0.58/mile).

Note 2: It is our intent to reimburse mileage for team travel only. We will reimburse mileage for multiple vehicles, but we request you minimize the number of vehicles, as possible.