

## Substitute and Travel Reimbursement Request Form Kansas KidWind Challenge

| <b>Teacher</b>   |  |
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| <i>Instructions: Complete the section below and then give this to your school and/or school district business office. If you are requesting reimbursement for mileage, please include starting and ending addresses.</i> |  |
| Date of Challenge:   |  |
| Location of Challenge:   |  |
| Name of participating teacher/organizer:   |  |
| Cost for substitute:   |  |
| Starting address for mileage reimbursement: *  |  |
| Event address for mileage reimbursement:   |  |
| Signature of KidWind Challenge organizer:  |  |

\* NOTE: Mileage will only be reimbursed from the school address to the event address.

| <b>School/school district business office</b>  |  |
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| <b>Instructions:</b> <ol style="list-style-type: none"> <li>1. Complete the required information below.</li> <li>2. Attach THIS FORM to an invoice or letter on school/school district letterhead and be certain to include the following information:               <ol style="list-style-type: none"> <li>a. A request for reimbursement to recover substitute costs and/or mileage for this teacher's participation in the Challenge referenced above.</li> <li>b. Cost for substitute</li> <li>c. Distance and cost for mileage                   <ol style="list-style-type: none"> <li>i. NOTE: Mileage will only be reimbursed from the school address to the event address at the rate of 0.58 cents/mile.</li> <li>ii. A print-out with roundtrip mileage should be attached (using MapQuest).</li> </ol> </li> <li>d. Organization to whom the check should be written. For example, "King Elementary School" or "Riley County Unified School District".</li> </ol> </li> <li>3. THIS FORM and the accompanying items mentioned in #2 above must be submitted within 30 days of the event. Those requests received after 45 days will NOT be honored.</li> </ol> |  |
| Contact person at school district:   |  |
| Contact phone number:  |  |
| Contact email address:   |  |

**Mail or fax this form, the letter/invoice, and a copy of roundtrip mileage from MapQuest within 30 days of the workshop to:**

K-State Engineering Extension; ATTN: David Carter  
2323 Anderson Ave, Suite 300  
Manhattan, Kansas 66502  
FAX: 1-785-532-6952

*Questions: Contact David Carter at [dcarter@ksu.edu](mailto:dcarter@ksu.edu) or via phone at 785-532-4998.*