



KANSAS FOREST SERVICE

SCHOLARSHIP REIMBURSEMENT FORM

The following information is required when requesting reimbursement for training, workshop or conference expenses as approved by the Kansas Forest Service. Please complete the following information in full and submit to the State Office at the address indicated on the 2nd page.

Please check appropriate program for which this scholarship activity applies:

- Rural Forestry
 Community Forestry
 Rural Fire
 Other (please indicate) _____

Event Attended:

Name of Scholarship Recipient: _____

Event Dates: _____ Location: _____

Event Title and/or Course Number: _____

Individual requesting reimbursement (complete only if expenses were paid by you):

Name: _____

Home Mailing Address: _____

Individuals requesting reimbursement must provide their social security number _____ - _____ - _____

Agency Information (complete only if the expenses were paid by your agency or organization):

Agency Name: _____ Phone: _____

Mailing Address: _____ Fax: _____

_____ FEIN: _____

Expenditures:

Please complete areas as appropriate. Proof of payment must accompany this form and must have been pre-approved. Expenses must be equal to or greater than the amount offered for scholarship to receive the full scholarship reimbursement amount. All records must clearly show who paid the cost (agency or individual).

Tuition/Fees/Registration: \$ _____

Lodging: \$ _____

TOTAL ELIGIBLE EXPENDITURES: \$ _____

SCHOLARSHIP AMOUNT APPROVED: \$ _____

Narrative/Justification Statement:

Please explain how the training you received will assist you with your current duties:

This reimbursement form must be received at the Kansas Forest Service State Office within 10 working days of the completion of event to be eligible.

Please complete in full and return to:

**Kansas Forest Service
2610 Claflin Road
Manhattan, Kansas 66502-2798**
Phone: 785-532-3300 Fax: 785-532-3305 Web: www.kansasforests.org