

# Kentucky Association of County Agricultural Agents



**REQUEST FOR REIMBURSEMENT/PAYMENT**

To: KACAA Education Foundation  
184 Beasley Road  
Versailles, KY 40383

From: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I paid for the item(s) with my personal funds. I request reimbursement for the same amount.
- Item(s) was charged or item(s) need to be pre-paid.

Please make check payable to: \_\_\_\_\_

Date of Invoice	Amount	Explanation of Purchase

Receipts are attached. Check # \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Treasurer \_\_\_\_\_  
Date