Kentucky Association of
County Agricultural Agents

REQUEST FOR REIMBURSEMENT/PAYMENT

To: KACAA
184 Beasley Rd
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