

## TEFAP Request for Reimbursement

To determine allowable expenses, please refer to the DCF Kansas Commodity Distribution Manual, Section [6000](#), Reimbursements. Note: All Expense Reimbursement Requests must be submitted Monthly & be accompanied with documentation of each item listed, such as gasoline tickets for rented vehicles & equipment rental. Private mileage reimbursement must be documented in Section I on this form. Incorrect forms may result in no payment.

Calendar Month: \_\_\_\_\_

Participating Organization: \_\_\_\_\_

Check made payable to: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal I.D. of above organization: \_\_\_\_\_

Signature of Individual or Participating Organization Requesting Reimbursement: \_\_\_\_\_

Date of Request: \_\_\_\_\_

I. Travel Expense

Date	Traveled From/To:	Total Miles	Rate Per Mile	Total
			.70	
			.70	
			.70	

Subtotal: \_\_\_\_\_

II. Other Expenses

Date	Type Expense (Please List)	Cost of Expense

Subtotal: \_\_\_\_\_

Total: \_\_\_\_\_

TEFAP Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Questions? Email: [dcf.foodcommodities@ks.gov](mailto:dcf.foodcommodities@ks.gov)