Kids Korps USA
Reimbursement Request

Person requesting reimbursement (Print)	
Person requesting reimbursement (Sign)	
Date:	
Chapter Affiliation:	
Chapter Leader:	

Date	Description	Supplies Amount	Meals Amount	Other Amount	Total
	Subtotals:				
				TOTAL:	

Amount Pre-approved: _____

Final Amount:_____

Approved By: (Print) _____ (Sign) _____

Title: _____

If amount = $200+, need 2nd Signature:_____ Title: _____

Please submit to Chapter Leader, Project Leader or the Kids Korps National Office within 30 days of expenditure.

265 Santa Helena Suite 130-A
Solana Beach, CA 92075

Phone: (858) 259-3602
Fax: (858) 259-3603

Online: www.kidskorps.org
Email: info@kidskorps.org