Korean American Scholarship Foundation

8300 Greensboro Dr., #L1-805, Tysons Corner, VA 22120

www.kasf.org / feedback@kasf.org / 703 – 608 – KASF

NB TRAVEL REIMBURSEMENT REQUEST FORM

REQUESTED BY		**REGION**		**DATE**	
Purpose of Expense					
Payable to					
Mailing Address					
Expenses	**Description (Receipt must be Attached)**				**Amounts**
Airfare					
Car ($0.54/miles) In case you travel by car					
Others					
				Total Amounts	

*** Beside the airfare, all other incidental costs (such as transportation to and from airports, sightseeing, etc.) will be the responsibility of each participant and/or regional chapter.**

OFFICE USE

Approval	**Treasurer**	**Chairman**
Date		
Signature		

Date		**Amounts**	
Check No.		**Audit by**	