



**Kansas Soybeans as a Food 2018–2019
REIMBURSEMENT FORM**

One semester and teacher per form

Kansas Soybeans as a Food

_____ **Fall Semester** _____ **Spring Semester**

School: _____
Teacher's name: _____ Telephone: _____
Name(s) of course(s) taught: _____
Total number of students in class(es): _____ Grade(s): _____
Amount of reimbursement requested (can receive \$2/student up to \$200/semester): \$ _____
Reimbursement paid to the order of: _____
To whose attention, if not the teacher: _____
Address for sending reimbursement: _____
City: _____ State: _____ ZIP: _____

How did you incorporate soy into your class(es)? You may add one additional page if necessary.

Do you have any suggestions for improving the FACS program?

Teacher's signature: _____ Date: _____

**Submit fall-semester expenses by December 21, 2018, and spring-semester expenses by May 10, 2019.
Absolutely all reimbursement forms must be in by June 14, 2019, to be reimbursed.**

Return with all receipts to: Kansas Soybean Commission
1000 SW Red Oaks Place
Topeka, KS 66615-1207
Fax – 785-271-1302
E-mail – info@kansassoybeans.org

FOR OFFICE USE ONLY

Amount approved: \$ _____
FACS program coordinator: _____ Date: _____
Check sent: _____