



## Kansas Soybeans as a Food REIMBURSEMENT FORM

One semester and teacher per form

2019-2020

\_\_\_\_\_ 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 \$400/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 20, 2019, and spring-semester expenses by May 8, 2020.  
Absolutely all reimbursement forms must be in by June 15, 2020, 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](mailto:info@kansassoybeans.org)

### FOR OFFICE USE ONLY

Amount approved: \$ \_\_\_\_\_ Invoice Number: \_\_\_\_\_  
FACS program coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
Check sent: \_\_\_\_\_