

Kansas City Young Matrons
Expense Approval/Reimbursement Form
2025-2026 Club Year

Date of Request: _____ Date of Event: _____

Make Check Payable to: _____

Mail to Address: _____

Expense Amount: _____

Description:

Expense Approval/Reimbursement requested by: _____

Email address: _____

Managing Committee: _____

Budget Account: _____

Signature of Approving Director: _____

Note: If person requesting personal reimbursement is a Board Member, please obtain approval from Director of Administration, Shari Olander.*

Send completed forms and receipts to:

Mail

or

Email to:

Cindy Schenken
13828 Horton Dr
Overland Park KS 66223-2977

kcytmtreas@gmail.com

*personal = request to pay Director/Board Member directly for expenses incurred.