



## REIMBURSEMENT FORM

**\*\*PLEASE INCLUDE ORIGINAL RECEIPTS\*\***

AREA/ROOM #: \_\_\_\_\_

Area Coordinator Name: \_\_\_\_\_

Area Coordinator Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address To Send Reimbursement Check: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please send completed form and receipts to:*

Lindy Karns  
121 Old Lafayette Ave.  
Lexington, KY 40502-1703