

WESTAR Expense Claim

Name of Attendee:				Name of Meeting:			
Agency:				Meeting Location:			
Date Submitted:				Meeting Dates:			
Attendee's Signature <i>(required for processing)</i> :							
Payable To:				Work Phone #: () ext.			
Address:				Pay Method: ☐ Check ☐ Zelle ID:			
City:				State:			
Zip:				Email:			
Expense Itemization <i>[Rates effective 7/29/2026]</i>	Date	Date	Date	Date	Date	Date/Visa	Total
Breakfast (\$21)							\$
Lunch (\$23)							\$
Dinner (\$35)							\$
Lodging							\$
Air Fare							\$
Ground Transportation							\$
Car Rental Expense							\$
Rental Car Gas							\$
Parking							\$
Other							\$
Car Mileage (\$0.76/mile)							\$
Total Reimbursement Requested							\$
Comments:							
Are Original Receipts Attached??? ☐ Yes ☐ No (explain)							
Supervisor/Coordinator Signature <i>(required for processing)</i> :							

Submit form with receipts (except meals) in one PDF To: jgadret@westar.org

**Reimbursement requested must comply with expense limitations and travel policy adopted by WESTAR Council.