

Professional Services Request

Mail check directly to individual

Please return check to:

TIN #:

Individual Name:

Home Address:

City:

State:

Zip:

Activity Name:

Date

Location

Description of Service:

Professional Services Fee:

Expenses

Airfare:

Lodging:

Car Rental:

Taxi/Bus:

Other

Per Diem:

Tolls:

Parking:

Mileage From:

Mileage To:

Amount for Mileage:

mi Rate x

per mi = \$

Total Amount to be Paid:

Please Note:

1. Professional services cannot be paid to an employee of the State of Kansas.
2. The HOME ADDRESS is required for all service payments.

Internal Account:

Global Staff:

Date:

Unit/Section Head:

Date:

Return this form to: Administration and Finance Office, College Court 121