Central Prairie Co-op

Todays Technology Yesterdays Values

P.O. Box 159 | Sterling, KS 67579 | www.cpcoop.us

2026 EMPLOYEE REIMBURSEMENT FORM

NAME: _____ DATE: _____

Place and reason for travel mileage - (i.e. meeting, school, business use of personal vehicle)

	PLACE	REASON	MILES
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Total miles driven: _____ @ .725 cents/mile $_____

TRAVEL PURCHASES: (copy of receipts must be attached)

		COST
1.	_____	_____
2.	_____	_____

OTHER PURCHASES: (copy of receipts must be attached)

		COST
1.	_____	_____
2.	_____	_____

Approved by: _____ Signed: _____

Manager / Supervisor Employee

Total Refund: $_____ Date: _____