



KOREAN-AMERICAN SCIENTISTS AND ENGINEERS ASSOCIATION
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Tel: (703) 748-1221-2, Fax: (703) 748-1331
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General Reimbursement Form

Purpose of Trip or Reason of Reimbursement: _____

Name: _____ ID Num.: _____

Address you wish to receive the check: _____

E-Mail Address: _____

Phone No.: _____

Social Security No.(Requested by KSEA CPA): _____

Detail	Date			
Specific Date				
Travel (Airfare)				
Lodging				
Gound Transportation				
Other Expenses				
Subtotal				

Note: Please attach all receipts

TOTAL: _____

Signature: _____

Please mail or fax this form to:

KSEA
1952 Gallows Road, Suite 300
Vienna, VA 22182
Tel) 703-748-1221
Fax) 703-748-1331
[Email finance@ksea.org](mailto:finance@ksea.org)

Approved: _____

Date: _____