



**KOREAN-AMERICAN SCIENTISTS AND ENGINEERS ASSOCIATION**  
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## UKC-2003 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: \_\_\_\_\_