



KANAKUK KAMPS / KANAKUK MINISTRIES

MISSOURI PROFESSIONAL LICENSE REIMBURSEMENT VOUCHER

Legal Name: _____ Date: _____
As it appears on your Social Security Card

Kamp: _____ Dates Worked: _____

Home Address: _____
Street Address

City State Zip Code

Phone: (_____) _____ - _____ Phone: (_____) _____ - _____

Amount of reimbursement: \$ _____ (maximum of \$120)

Please submit this voucher and a copy of your receipt for payment to LaShell, our summer staff coordinator.

Email: lashell@kanakuk.com

Fax: 417-266-4221

Address: Kanakuk Kamps
Attention: LaShell
1353 Lakeshore Drive
Branson, MO 65616-9470

You will receive reimbursement upon the completion of your scheduled work dates.

Vouchers received after September 1, 2017 will NOT be reimbursed.

For Office Use Only

Great Plains # _____

Kanakuk Check # _____

License Amount: _____

Reimbursement Date: _____