**DAILY TIME AND EXPENSE VOUCHER** Employee Name: Click here to enter name

Kansas Crop Improvement Association Week of: Click here to select beginning of work week

2000 Kimball Ave. Manhattan, KS 66502

785-532-6118 Fax 785-532-6551 kscrop@kansas.net

Send completed and e-signed Voucher to **kciabooks@kansas.net** on the Monday following the work week.

You must save a copy of this time sheet and expense form to your computer. After adding details, document may expand to 2nd page. Please complete and email a copy to receive paychecks and reimbursement. This voucher is submitted weekly for biweekly payment.

**Daily Activity Log:** Click in the boxes to activate the calendar selection, time drop down menus, and type your mileage and activity details. Box expands to fit. Do not leave any activity log fields as is, enter 0 or NONE if no work was completed that day.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Date | Time | | Mileage | List major activities for each day, e.g. Inspected 240 ac of wheat for Seedsman |
| Sun | Date | Hrs | Mins | Miles | Click here to enter text. |
| Mon | Date | Hrs | Mins | Miles | Click here to enter text. |
| Tues | Date | Hrs | Mins | Miles | Click here to enter text. |
| Wed | Date | Hrs | Mins | Miles | Click here to enter text. |
| Thurs | Date | Hrs | Mins | Miles | Click here to enter text. |
| Fri | Date | Hrs | Mins | Miles | Click here to enter text. |
| Sat | Date | Hrs | Mins | Miles | Click here to enter text. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Expenses** | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Cost Total |
| Lodging | $ | $ | $ | $ | $ | $ | $ | $ |
| Miscellaneous | Include description of item and reason for purchase | | | | | | |  |
|  |  | | | | | | | $ |
|  |  | | | | | | | $ |
|  |  | | | | | | | $ |

**\*attach all receipts to your email to be reimbursed**

|  |  |  |
| --- | --- | --- |
| OFFICE USE ONLY | | |
| Wages - Regular |  |  |
| Wages – Other |  |  |
| Total Miles | @ ¢/mile |  |
| Expenses |  |  |

Date Submitted: Click here to select date submitted

Employee E-Signature: Click here to type name for e-sign

Supervisor Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_