

**INVOICE FOR KSRE EXTENSION AGENT PROFESSIONAL FARM ANALYST SERVICES**

KSRE County/District Extension Board Submitting Invoice \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ KSRE Extension Agent Providing Service \_\_\_\_\_

Date Submitted for Payment \_\_\_\_\_

Producer/Customer Name \_\_\_\_\_

KAMS Case # \_\_\_\_\_ Date(s) of FinPack Analysis \_\_\_\_\_

TRAVEL	Description/ Comments
Please record in ¼ hour increments	
Analyst Hours w/ family-\$25 hr _____ hrs.	*If overnight travel is involved, please note the time you left your town and the time you returned.
Preparation Time-\$25/hr _____ hrs.	
Driving Time-\$25/hr _____ hrs.	
Total hours _____ @\$25/hour _____	
<b>Mileage:</b>	
From _____ To _____ and Return	
Total Miles _____ @ 53.5 cents/mile	
\$ _____	
<b>Lodging:</b>	
Attach receipt \$ _____	
<b>Subsistence:</b>	
*Only if overnight travel \$ _____	
<b>Misc. Travel</b>	
Attach receipt \$ _____	
<b>Other:</b>	
Attach receipt \$ _____	
<b>Total Fee and Reimbursement Request \$ _____</b>	

**EXTENSION AGENT FARM ANALYST CERTIFICATION**

I certify that the above claim for fees and expenses is correct, due and unpaid, and that the amount claimed herein is actually due according to law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_

These services were provided for the project entitled "Kansas Agricultural Mediation Services." The documentation required by current Federal regulations for these costs is on file and will remain available for audit by Kansas State University and the appropriate Federal auditors for the period required by Federal regulations.