

SPOKESPERSON REPORT AND REIMBURSEMENT FORM

Please return to the Kansas Wheat office within 30 days of your activities. Please help us record both your volunteer and reimbursable activities.

Spokesperson: _____

Address: _____

Program Title: _____

Date Given: _____

Location: _____

Numbers: _____

(Youth)

(Women)

(Men)

Organization/Audience: _____

Contact Person For Event: _____

Basic points of demonstration/exhibit/event:

Response to program:

Do you recommend being involved with this event/organization again?

Comments and suggestions:

Publicity before and after event (Attach clipping, brochure, etc.):

Revised: 10/14

REIMBURSEMENTS: (RECEIPTS/COPIES MUST BE ATTACHED)

Full-day fee (Prior approval needed from Cindy Falk) \$100
Call: 1-866-75WHEAT or E-mail: cfalk@kswheat.com _____

Ingredient/Supplies/Door Prizes used for program/exhibit _____

Motel expense for an approved program or training
requiring an overnight trip (excludes phone calls, movies, etc.) _____

PLEASE COMPLETE THIS FORM AND RETURN WITHIN
30 DAYS OF THE PROGRAM TO:

**KANSAS WHEAT
1990 KIMBALL AVENUE
MANHATTAN, KS 66502**

Questions?
Cindy Falk: cfalk@kswheat.com
Julie Winsor: jwinsor@kswheat.com



**K A N S A S
W H E A T**

Revised: 10/14

Rediscover Wheat