



# Cancer Screening Reimbursement Program

Firefighter Name: \_\_\_\_\_ FF#: 

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Primary Fire Department: \_\_\_\_\_ FD# 

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Active: Yes / No (circle one) \_\_\_\_\_ Retired Date: \_\_\_\_\_

Are you also a current employee of KCTCS [FC or SFRT]: Yes / No (circle one) \_\_\_\_\_

\*\*\*If YES *do not* complete the Sub W9 form

## Sub W-9 Directions

### Directions – Page 1:

- Check **New Vendor**
- Write your **Social Security #** on the Federal Tax ID line and check the **SSN** box
- Write your **legal name** as recognized by the IRS
- Underneath Type of Business check **Individual**
- Underneath Business Classification check **None of the Above**
- **Sign and Date**

### Directions – Page 2:

- Go to the **remittance** section and provide your **address**
- Fill out the **direct deposit** section
  - Include an **e-mail address** – required for deposit notification
  - *You will receive reimbursement much quicker with direct deposit*
- **Sign and Date**

What to submit for reimbursement: *All documents shall be an attachment in a .pdf format*

- 1) Cancer Screening Reimbursement Program form (this page)
- 2) KCTCS Substitute W-9 Form
- 3) Itemized receipt/PAID invoice from UDS (from day of screening)

Email All documents to: [Firecomm.ap@KCTCS.edu](mailto:Firecomm.ap@KCTCS.edu)