PCED Education Reimbursement Program

Program Purpose

To support and strengthen Phillips County-based businesses by reimbursing education-related expenses that help enhance, expand, or upskill business owners and their employees.

Eligibility

- Must be a legally operating business based in Phillips County, Kansas
- Education courses or events must support business enhancement or skill development
- Online courses are eligible
- Applies to business owners and their employees
- Limited to 4 (four) individuals per business per year with 20 individual slots available per year
- Applications must be submitted by the business owner (for themselves or their employees)

Reimbursement Details

Expense Amount	Reimbursement Rate	Maximum Reimbursement
Any amount	50%	Up to $500

- Minimum reimbursement is $50
- Reimbursements are issued directly to the business
- Eligible reimbursements include course/event registrations and hotel expenses* only
  *Hotel expenses are eligible when traveling more than 80 miles outside Phillips County

Required Documents

At Application:

- Completed application form
- Proof of payment and/or registration for course/event and/or hotel confirmation
- Information about the course/event
- Application is subject to Director's approval

After Completion:

- Proof of course/event completion (ex., certificate, instructor signature, etc.)
- Up to one-page summary of the course/event
- Hotel receipt (if applicable)

Submission Timeline

- Applications must be submitted prior to course/event start
- All reimbursements are subject to Board approval
- Final documentation must be submitted within 30 days of course completion for reimbursement.

PHILLIPS COUNTY ECONOMIC DEVELOPMENT PCED

Experience Phillips County EPC

Business Information

- Business Name: _____

- Owner Name: _____

- Business Address: _____

- Phone: _____ Email: _____

Attendee(s)

☐ (Name: _____

☐ (Name: _____

☐ (Name: _____

☐ (Name: _____

Course/Event Information

- Name of Course/Event: _____

- Host/Institution: _____

- Location (City/State or Online): _____

- Dates of Course/Event: _____

Costs

- Total Cost: $_____ Amount Applying For: $_____

Explanation

How will this course/event enhance your business?

_____

_____

Required Attachments

☐ Proof of Paid Enrollment

☐ Course/Event Description

☐ Hotel Information (If applicable)

I declare that the information provided is true and complete.

Signature: _____ Date: _____