PER DIEM
REQUIRED PAPERWORK
CHECKLIST

JATC LU 441
PLUMBERS & PIPEFITTERS
Apprenticeship Training of Kansas

PAPERWORK MUST BE TURNED IN BY NOVEMBER 30, 2026
TO GUARANTEE PAYOUT FIRST WEEK OF SCHOOL

Student Name: _____

Apprentice DOUBLE CHECK – Do YOU have:

Circle what you have and provide a copy to office.

1- Travel Policy YES NO

2- Driver's License YES NO

3- Address matches DL UTILITY BILL or INSURANCE CARD

If no, you must have affidavit form (NOTARIZED)

4- Direct Deposit Form (BANK ACCT INFO) YES NO

BELOW is to be filled out by PPATKS office staff only:

1-	Travel Policy	Y / N
2-	Copy of Driver's License	Y / N
3-	Address matches Utility Bill/ Insurance Card	Y / N
	If, NO- has affidavit notarized	Y /N
4-	ACH Direct Deposit Form	Y / N

SIDE NOTES:

Student address provided by paperwork:

_____

School address: 4646 W. Kellogg Dr, Wichita, KS 67209

Per MapQuest Distance between the two is: _____ miles.

Miles: _____ (-60): _____ (x2): _____ (x.76): _____

Total Mile Amount: $ _____ Total for meals: $100.00 (25.00/day)

Total Per Diem to claim each week at school= $ _____

Date completed: _____ Put on spreadsheet Y / N

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PLUMBERS & PIPEFITTERS
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PLUMBERS & PIPEFITTERS APPRENTICESHIP TRAINING OF KANSAS

Travel in Policy for Apprentice Students

The PPATKS recognizes that students who travel into the Wichita training center face additional costs. To help offset this cost, the committee has agreed to the following Travel-In Policy.

- Students whose permanent residence is 61 miles or further from the Wichita Training Center will be compensated at a rate of $0.76 cents per mile. Mileage is calculated via mileage reported by Google MapQuest on the most direct route less 60 miles each way.
- Example: John Smiths permanent address is 100 miles from the Wichita Training Center. John will be paid for 80 miles total. (100-60=40 40x.76=**30.40**)
- Students whose permanent residence is 61 miles or further from the Wichita Training Center will be put up in the hotel of the PPATKS choosing. Students who are more than 170 miles from the Wichita Training Center may elect to travel in on Sunday and will be put up at the hotel (double occupancy). Students may elect not to stay in the hotel; however, you will not be compensated for not staying in the hotel.
- Students whose permanent residence is 61 miles or further from the Wichita Training Center will be paid $25.00 per day for meal compensation.

Students are **REQUIRED** to provide proof of residence by the following:
1. Copy of Driver's License with current permanent residence address. If you can't, you will need to go to www.kdor.ks.gov and change your address. Please print or snapshot that and send it into the office.
2. Copy of a utility bill OR car insurance card showing same address as DL. If Utility bill/insurance card are not available, you **must** provide a notarized Affidavit of Residence (PPATKS will not be a notary for this). No other exceptions will be made.

Calculations will be distance from: 4646 W. Kellogg Dr. N. Wichita, KS 67209 to your home address with paperwork you have provided.

You must provide documentation and have on file prior to Start of school, **NOVEMBER 30, 2026.** New documentation must be filled out each year (per bank requirements). Failure to provide proper documentation or falsifying records could result in disciplinary action, and possible reimbursement of money back to PPATKS. There will be no backpay if documentation is turned in late.

Acknowledged

Signature: _____ Date: _____

Print Name: _____

Verify By: _____(PPATKS Office Staff)

Affidavit of Residence



Plumbers & Pipefitters

Apprentice Training of Kansas

4646 W. Kellogg Dr. N.

Wichita, KS 67209

Date: _____

This letter is to formally verify my place of residence. I certify that I,

_____presently live at

(YOUR ADDRESS)_____

and that I have lived at this address for _____years, since 20_____.

I, (your name)_____, further certify that the above information is true and accurate. Furthermore, I understand that if any of the information contained in this letter is false, I can be held accountable and penalized for falsifying documents.

Sincerely,

Student Signature _____

Sworn to and subscribed before me on _____(MM/DD/YY).

Notary Stamp

_____

Notary Public Signature

Date of Expiration _____

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Last Name

First Name

MI

Social Security Number

Work Phone

Action

[X] New [ ] Change [ ] Cancel

Effective Date

Month Day Year

Name of Financial Institution

Account Number (Include hyphens but omit spaces and special symbols.)

Type of Account

[ ] Checking [ ] Savings

Routing Transit Number (All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)

Ownership of Account

[ ] Self [ ] Joint [ ] Other

By signing this agreement, I authorize PPATKS to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize PPATKS to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

HOW TO COMPLETE THIS FORM

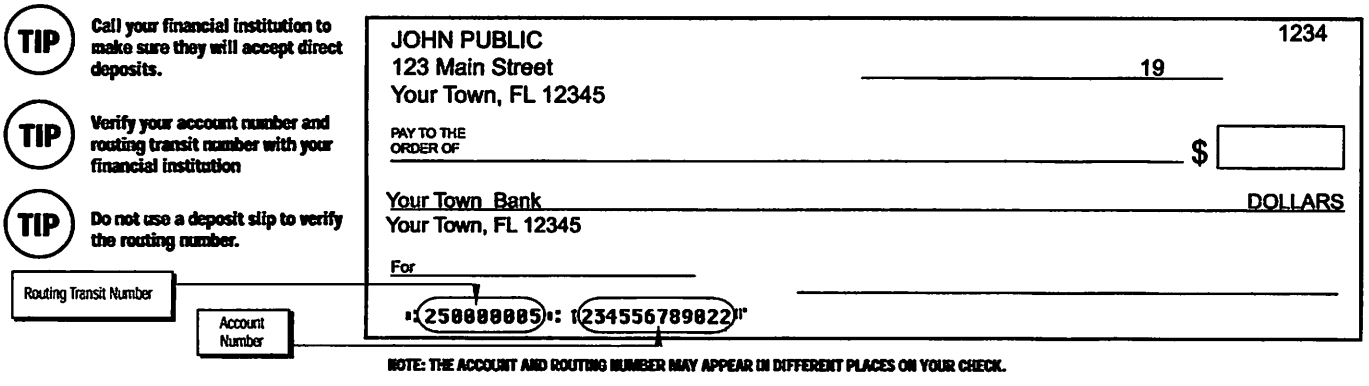
1. Fill in all boxes above.
2. Sign and date the form.

Please provide copy of voided check, if possible.

TIP **Call your financial institution to make sure they will accept direct deposits.**

TIP **Verify your account number and routing transit number with your financial institution**

TIP **Do not use a deposit slip to verify the routing number.**



NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.