PERSONNEL 03.125 AP.22



Supervisor's Signature

Travel Voucher Reimbursement

The expenses on this form are to be reimbursed for items the TRAVELER PAID FOR PERSONALLY. INCLUDE ALL RECEIPTS with this form (including Lodging, Rental Car, etc.).

In State			Out of State:			Meals will be reimbursed as follows - MUST be an overnight stay or prior approved travel by the director, traveling between these times:					
					Breakfast, Lunch, Dinner In State Out of State						
Traveler's Name:						\$36.00 \$44.00					
						*Gratuities/tips included					
Traveler's Home Address:						NOTE: Employees MUST be traveling the entire day.					
Meeting/Conference Attended:						NOTE: For other allowable expenses please refer to NKCES Financial Procedures					
		Time of		Location		Taxi Uber	Luggage	Other (Lodging, Airfare, etc. IF being reimbursed to traveler)	Meal Reimbursement	Totals	
Mo	Day	ay Departure Arrival		From To		Parking					
	Day	Time		Location		Taxi Uber	Luggage	Other (Lodging, Airfare, etc. IF being reimbursed to	Meal Reimbursement	Totals	
Mo		of				Parking				Totals	
		Departure	Arrival	From	To)		traveler)			
					<u>l</u>			<u> </u>	1		
	Day	Tr. 6				Taxi	Luggage	Other (Lodging, Airfare, etc. IF being reimbursed to	Meal Reimbursement	T . 1	
Mo		Time of		Location		Uber Parking				Totals	
		Departure	Arrival	From	To	0		traveler)			
		l	<u> </u>			 		l	1		
	Day	Time of		Location		Taxi	Luggage	Other (Lodging, Airfare, etc. IF being reimbursed to	Meal Reimbursement	Totals	
Mo		Time of				Uber Parking				Totals	
		Departure	Arrival	From	То	0		traveler)			
Мо	Day	Time of		Location		Taxi Uber		Other (Lodging, Airfare, etc. IF	Meal Reimbursement	Totals	
		Departure Arrival		From	То	Parking To	Luggage	being reimbursed to traveler)			
					Sub Total	ls					
					•	1		Totals from	n all continuation pages		
	Grand Total										
		By signing,	I hereby certify, su	ubject to the pro	visions of	f KRS 523:100(u	ınsworn fa	Isification to authoritie	s), that the above are		
prop	er cha	arges in the	discharge of officia	al business and t	that all da	nta furnished he	erewith are	e true and correct to th	e best of my knowledge.		
Traveler's Signature Date Program Name											

G/L#

Date