



TRAVEL REQUEST

NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES
 5516 East Alexandria Pike, Cold Spring, KY 41076
 Phone (859) 442-8600 Fax (859) 442-7038

Employee Name: _____ Date(s) of Meeting/Conference: _____

Name of Meeting/Conference: _____

Program Name & #: _____ Location of Meeting/Conference: _____

Departure Date & Time: _____ Return Date & Time: _____

ESTIMATED EXPENSES (PO Request Required)

ADMIN USE

Registration Fee: \$ _____	PO: _____
Lodging: \$ _____	PO: _____
Rental Car: \$ _____	PO: _____
Airfare: \$ _____	PO: _____

REIMBURSEMENT AFTER TRAVEL

Meals (_____ days x (see note)): \$ _____

Mileage (_____ miles (see note)): \$ _____

Taxi/Uber: \$ _____

Parking: \$ _____

Luggage: \$ _____

*Daily Meal Reimbursement Maximums: In-State \$36/day Out of State \$44/day

*Mileage reimbursed at current state mileage rate at time of travel

***Itemized receipts required for all expenditures**

Signature of Applicant / Date

Signature of Program Director / Date