



# OVERNIGHT 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 \$30/day Out of State \$36/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