

TRAVEL VOUCHER REIMBURSEMENT

03.125 AP.22



NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES

5516 East Alexandria Pike, Cold Spring, KY 41076

Phone (859) 442-8600 Fax (859) 442-7038

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, traveling between these times: <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">In State</td> <td style="text-align: center;">Out of State</td> </tr> <tr> <td>Breakfast: 6:00 am - 9:00 am</td> <td style="text-align: right;">\$6.00</td> <td style="text-align: right;">\$8.00</td> </tr> <tr> <td>Lunch: 11:00 am - 2:00 pm</td> <td style="text-align: right;">\$8.00</td> <td style="text-align: right;">\$9.00</td> </tr> <tr> <td>Dinner: 5:00 pm - 8:00 pm</td> <td style="text-align: right;">\$16.00</td> <td style="text-align: right;">\$19.00</td> </tr> <tr> <td></td> <td style="text-align: right;">\$30.00</td> <td style="text-align: right;">\$36.00 *Gratuities/tips included</td> </tr> </table> <p>NOTE: Employees MUST be traveling the entire time for each period listed above. Example: If employee begins travel at 6:30 am, no breakfast reimbursement will be earned. If claiming reimbursement for 3 meals in 1 day, employees may exceed individual meal limits if the DAILY TOTAL is not exceeded.</p> <p>NOTE: For other allowable expenses please refer to NKCES Financial Procedures.</p>		In State	Out of State	Breakfast: 6:00 am - 9:00 am	\$6.00	\$8.00	Lunch: 11:00 am - 2:00 pm	\$8.00	\$9.00	Dinner: 5:00 pm - 8:00 pm	\$16.00	\$19.00		\$30.00	\$36.00 *Gratuities/tips included
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	\$30.00	\$36.00 *Gratuities/tips included																	
Traveler's Name:																			
Traveler's Home Address:																			
Meeting/Conference Attended:																			

Mo	Day	Time of		Location		Taxi Uber Parking	Luggage	Other (Lodging, Airfare, etc IF being reimbursed to traveler)	Subsistence	Totals
		Departure	Arrival	From	To					
									B	
									L	
									D	

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		Departure	Arrival	From	To					
									B	
									L	
									D	

Sub Totals					
Totals from all continuation pages					
Grand Total					

By signing, I hereby certify, subject to the provisions of KRS 523:100(unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

Traveler's Signature

Date

Program Name / #

Supervisor's Signature

Date

G/L #