EMPLOYEE EXPENSE REIMBURSEMENT

NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES
5516 EAST ALEXANDRIA PIKE
COLD SPRING, KY 41076
Phone (859) 442-8600 -- Fax (859) 442-7038

Employee Name: _____ **Program Name / #:** _____
Please Print
G / L #: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Reason: _____

EXPENSES: Attach receipt(s) and list expenses below.

Total Expenses $ _____

Signed: _____ **Date:** _____

Approved: _____ **Date:** _____