KENTUCKY BAR ASSOCIATION EXPENSE REIMBURSEMENT VOUCHER

			Subm	it monthly or upon complet	ion of travel	to the Ke	entucky Ba	r Associat	tion, 514 \	W Main S	St, Frank	fort, KY 4	0601-18	12	
Name:					Month of:		Expenses incurred in connection with the following bar association activity:								
Street:												onowing be	1 4330014	lion delivity.	
City:		Si	tate:	Zip Code:											
						Mileage r	ate updated	by AOC Effe	ctive on 10	/01/2015					
			Departure		Arrival	Private	e Auto .40¢/m	Tolls, Taxi		Meals		Meal	Hotel	Other	Total
Date		FROM	Time	то	Time	Miles	Amount	& Parking	Breakfast	Lunch	Dinner	Tips	Room	(From Back)	Expenses
							-							-	-
							_							-	-
							_							_	-
							_							_	_
							_							_	_
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							_							_	_
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							-							-	-
							-							-	-
	l he	reby certify that all i	tems of expe	nse included in the above	TOTALS		-							-	
	stat	tement were incurred inected with the Ken	TOTALS	-	-	-	-	•	-	-	-	-	р -		
	cha furi	nrected with the Ken nrges against the Ker nished herewith are t owledge.		ALL expense reimbursement requests must accopmany a detailed receipt. Expense reimbursement vouchers need to be submitted within 60 days from the date of occurrence or within 15 days after fiscal year end, June 30, whichever comes first.											
		FOR	ACCOUNTIN	G USE ONLY	l										
										Signature	l		•	Date	

INSTRUCTIONS

- 1. Please refer to Kentucky Bar Association Policy for allowable expenses.
- 2. If Continuation Sheet(s) is used, post total from each sheet on separate line(s) on the first sheet.
- 3. For other expenses, take total for each day on this side, and post to "Other" column on front for same day. Total on this side must equal "Other" column total on front.

DATE	DESCRIPTION OF OTHER EXPENSE	AMOUNT
тот	AL (Must Equal "Other" Column on Front)	\$ -