

<b>EMPLOYEE'S NAME &amp; WORK LOCATION</b>	<b>DATE RECEIVED IN CENTRAL OFFICE</b>
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**EACH DAY'S EXPENSES MUST BE LISTED SEPARATELY. MEAL RECEIPTS ARE NOT REQUIRED.**

**Mileage** - All travel shall be the most direct route in order to qualify for reimbursement. Rate is based on state mileage rate as of July 1 of the fiscal year at the time of travel.  
**Other Expenses** - All charges or fares for necessary travel are reimbursed. (plane, bus, train, subway, taxi, car rental, lodging, registration fees.) Employee must attach receipts for these items.  
**Meals** will be reimbursed on a per diem based on the state rate as of July 1 of the fiscal year at the time of travel.

**MEAL REIMBURSEMENT CHART - Includes meals, taxes and tips.**  
 (Meal receipts are not required.)

	Breakfast	Lunch	Dinner
If travel includes overnight lodging and at least these hours →→→→→→→→→	6:30AM-9:00AM	11:00AM-2:00PM	5:00PM-9:00PM
<b>For authorized travel in Kentucky - you may claim</b>	<b>\$7</b>	<b>\$8</b>	<b>\$15</b>
<b>For authorized out-of-state travel - you may claim</b>	<b>\$8</b>	<b>\$9</b>	<b>\$18</b>

DATE	TIME OF	DESTINATION	# OF	MILES x	TOLLS/	LODGING	MEALS	TOTAL
MO	DAY	FROM TO	MILES	\$0.39	PARKING			FOR DAY
PURPOSE OF TRAVEL & SOURCE OF FUNDS							B	
							L	
							D	

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							L	
							D	

Page 1 Total	\$
Page 2 Total	\$
<b>GRAND TOTAL</b>	<b>\$</b>

I hereby certify that the above is a correct statement of amount due for travel expenses.

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CHECKED FOR ACCURACY BY \_\_\_\_\_ DATE \_\_\_\_\_

<b>CENTRAL OFFICE USE:</b>
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<b>EMPLOYEE'S NAME</b>	<b>PAGE 2</b>
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Page 2 Total \$