

## KENTUCKY BAR ASSOCIATION EXPENSE REIMBURSEMENT VOUCHER

Submit monthly or upon completion of travel to the Kentucky Bar Association, 514 W Main St, Frankfort, KY 40601-1812

Name:		
Street:		
City:	State:	Zip Code:

Month of:

Expenses incurred in connection with the following bar association activity:

Mileage rate updated by AOC Effective on 4/01/19

Date	FROM	Departure Time	TO	Arrival Time	Private Auto .41/m		Tolls, Taxi & Parking	Meals			Meal Tips	Hotel Room	Other (From Back)	Total Expenses
					Miles	Amount		Breakfast	Lunch	Dinner				
						-							-	-
						-							-	-
						-							-	-
						-							-	-
						-							-	-
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						-							-	-
<b>TOTALS</b>						-	-	-	-	-	-	-	-	-

I hereby certify that all items of expense included in the above statement were incurred by me in the discharge of official business connected with the Kentucky Bar Association; that they are proper charges against the Kentucky Bar Association; that all data furnished herewith are true and correct to the best of my knowledge.

**ALL expense reimbursement requests must accompany 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 ACCOUNTING USE ONLY**

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Signature

\_\_\_\_\_

Date

