

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 1/01/19

Date	FROM	Departure Time	TO	Arrival Time	Private Auto .40/m		Tolls, Taxi & Parking	Meals			Meal Tips	Hotel Room	Other (From Back)	Total Expenses	
					Miles	Amount		Breakfast	Lunch	Dinner					
						-							-	-	
						-							-	-	
						-							-	-	
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TOTALS						-	-	-	-	-	-	-	-	-	\$ -

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

Signature

Date

