



Kentucky Library Association Expense Voucher

OFFICIAL USE	

(Approved By KLA President)	
_____	Check#
_____	Date
_____	Account

Payable to _____
 Address _____
 City _____ State _____ Zip _____
 Signed (person making request) _____
 (Office, Committee, Account) _____
 TOTAL \$ _____

Expenses Incurred (Attach all receipts):

1. Travel

Purpose of Travel _____
 Date(s) of Travel _____
 A. Mileage from _____ to _____
 _____ total miles @ \$ _____ (prevailing Ky. Govt. rate)\$
 Airfare (Actual coach class)\$ _____
 B. Additional (Tolls, Parking, Taxi, Baggage handling, etc.)\$ _____
 C. Meals (limit \$40.00/day plus gratuities)\$ _____
 D. Lodging (limit single room/convention rate) x _____ nights\$ _____
 Travel expenses sub-total \$ _____

2. Other expenses (specify purpose of expense)

Conference Registration, Dues, etc.\$ _____
 Postage\$ _____
 Telephone\$ _____
 Printing\$ _____
 Supplies\$ _____
 Contracted Expenses.....\$ _____
 Other: (specify)\$ _____
\$ _____
\$ _____
\$ _____
 Other expenses sub-total \$ _____

REIMBURSEMENT REGULATIONS (Policy Manual Section 28)

1. Travel Guidelines

- A) Allowance for mileage as current state government rate or actual 30 day advanced rate coach class airfare.
- B) Additional expenses associated with land or air travel such as baggage handling, taxi, tolls, parking, etc.
- C) Actual cost of meals up to \$40.00/day, not including gratuity. Receipts not required.
- D) Room reimbursement (for travel of 150 miles or more one-way) is limited to the standard single convention rate or actual cost, whichever is less.
- E) Entertainment, alcoholic beverages, and items of personal nature will not be authorized.

2. Other Expenses Guidelines