Kentucky Library Association
Expense Voucher

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

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