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 4/01/11

Date	FROM	Departure Time	TO	Arrival Time	Private Auto .47¢/m Miles	Private Auto .47¢/m Amount	Tolls, Taxi & Parking	Meals Breakfast	Meals Lunch	Meals Dinner	Meal Tips	Hotel Room	Other (From Back)	Total Expenses
						-							-	-
						-							-	-
						-							-	-
						-							-	-
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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.

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

INSTRUCTIONS

1. Please refer to Kentucky Bar Association Policy for allowable expenses.
2. If Continuation Sheet(s) is used, post total from each sheet on separate line(s) on the first sheet.
3. For other expenses, take total for each day on this side, and post to "Other" column on front for same day. Total on this side must equal "Other" column total on front.

DATE	DESCRIPTION OF OTHER EXPENSE	AMOUNT
	TOTAL (Must Equal "Other" Column on Front)	**$ -**