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 $30.00/day plus gratuities)* .....$

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 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 $30.00/day, not including gratuity. Receipts required for more than $14.00/day.
   - 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