



KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
 GENERAL FUND EXPENSE VOUCHER
 2280 EXECUTIVE DRIVE - LEXINGTON, KY 40505

KHSAA Form GE10
Rev. 07/13

NAME (please print) _____

Date _____

PLEASE ATTACH RELEVANT RECEIPTS TO THIS FORM FOR DETAIL

Travel Expenses					Total
Mileage			miles @		
Gasoline					
Highway Tolls					
Plane Fare					
Car Storage					
Taxi Fare					
Lodging (attach billing)	#		nights @		
Subsistence Days (Per Diem)	#		days @	\$ _____	
Individual Meals					
Breakfast	#		meals @	\$ _____	
Lunch	#		meals @	\$ _____	
Dinner	#		meals @	\$ _____	
Telephone					
Other					

Tournament / Meet / Event / Meeting Reimbursement				
Event/Meeting				
Location				
Official			_____ contests @ _____	
Tournament Worker				

Other (Give Details)				
GRAND TOTAL				

Allowable Reimbursement		
Mileage	BOC/Exec Staff	.45
	Support Staff	.35
Per Diem	Only if overnight stay is required	\$30.00
Meals		
	Breakfast	\$7.00
	Lunch	\$8.00
	Dinner	\$15.00

Please contact the Administrative Assistant to the Commissioner for information on reimbursement in a higher subsistence area.

PLEASE PRINT



(SIGNATURE)

(NAME)

(ADDRESS)

(CITY, STATE, ZIP)

(EMAIL ADDRESS)

(SOCIAL SECURITY NUMBER, IF APPLICABLE)



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