**EMPLOYEE EXPENSE REIMBURSEMENT**

NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES

5516 EAST ALEXANDRIA IKE COLD SPRING, KY 41076

Phone (859) 442-8600 -- Fax (859) 442-7038

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name & #: GL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EXPENSES: Attach itemized receipt(s) and list expenses below.

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| --- | --- | --- | --- |
| **Date** | **Vendor** | **Purpose** | **Total** |
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**Total Expenses $**

**Signed:** **Date:**

**Approved:** **Date:**