(01/14/21) 03.125 AP.21

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|  **OVERNIGHT TRAVEL REQUEST** |
| NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES |
| 5516 East Alexandria Pike, Cold Spring, KY 41076 |
| Phone (859) 442-8600 Fax (859) 442-7038 |
| Employee Name:  | Date(s) of Meeting/Conference:  |
| Name of Meeting/Conference:  |
| Program Name & #:  | Location of Meeting/Conference:  |
| Departure Date & Time:  | Return Date & Time:  |
|  **ESTIMATED EXPENSES (PO Request Required)** |  **ADMIN USE** |
| Registration Fee: | $  | PO:  |
| Lodging: | $  | PO:  |
| Rental Car: | $  | PO:  |
| Airfare: | $  | PO:  |
|  **REIMBURSEMENT AFTER TRAVEL** |
|  Meals ( days x (see note)): | $  |
| Mileage ( miles (see note)): | $  |
|  | Taxi/Uber: | $  |
|  | Parking: | $  |
|  | Luggage: | $  |
| \*Daily Meal Reimbursement Maximums: In-State $30/day Out of State $36/day |
| \*Mileage reimbursed at current state mileage rate at time of travel |
| \*Itemized receipts required for all expenditures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant / Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Program Director / Date |
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