(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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