

KEDC
 904 West Rose Road
 Ashland, KY 41102

TAXABLE EXPENSE REPORT

Printed Name: _____

Period Ending: _____ / _____ / _____

Signature: _____

Date	Destination Departure	Total Miles	Mileage Amt .42	Lodging Amount	Meals	Misc. Expenses Description	Misc. Amount	Org/Obj Project	Total
	From: To:				Breakfast: Lunch: Dinner:				
	From: To:				Breakfast: Lunch: Dinner:				
	From: To:				Breakfast: Lunch: Dinner:				
	From: To:				Breakfast: Lunch: Dinner:				
	From: To:				Breakfast: Lunch: Dinner:				
	From: To:				Breakfast: Lunch: Dinner:				
	From: To:				Breakfast: Lunch: Dinner:				

KEDC Policy 03.125 Expense Reimbursement states that reimbursement requests must be submitted within sixty (60) days after travel occurs or no payment will be issued.

Totals:

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Supervisor: _____ **Dept. Head:** _____ **Approved for Payment:** _____