

**KEDC**  
 904 West Rose Road  
 Ashland, KY 41102

# TAXABLE EXPENSE REPORT

Printed Name: \_\_\_\_\_

Period Ending: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Date	Destination Departure	Total Miles	Mileage Amt	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:				
	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: \_\_\_\_\_