

**COMMONWEALTH OF KENTUCKY  
UNIVERSITY OF KENTUCKY  
TRAVEL VOUCHER**

**A**  
DATE:

NAME:EMPLOYEE:		EMPLOYEE SS NO:		ENCUMBRANCE NO.					
				VOUCHER NO.					
DEPARTMENT NAME:				ACCT. NO.					
DIVISION NAME:				USER ID :					
EMPLOYEE WORK STATION:			OFFICE PHONE:			AMOUNT			
EMPLOYEE RESIDENCE:				VENDOR NO.					

MO.	DAY	TIME	OF	LOCATION		PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING *	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN	From	To				B	
PURPOSE :									L	
									D	
				From	To				B	
PURPOSE :									L	
									D	
				From	To				B	
PURPOSE :									L	
									D	
				From	To				B	
PURPOSE :									L	
									D	
				From	To				B	
PURPOSE :									L	
									D	
				From	To				B	
PURPOSE :									L	
									D	
				From	To				B	
PURPOSE :									L	
									D	
If mileage claimed, was State car available?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	TOTALS FOR THIS PAGE				

I hereby certify, subject to the provisions of KRS 523.100 (unsworn falsification to authorities), that the above are proper charges by a statutory employee of the Commonwealth in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

ENTER MILEAGE (Cents)  
FROM ALL PAGES \_\_\_\_\_ (Miles) X \_\_\_\_\_ Per Mile

\* If lodging is paid via procurement card, do not include on this page, indicate full amount on page two of this voucher under "Other Expenses".

<b>AUTHENTICATION STAMP</b>	_____	_____	<b>TOTALS FROM ALL CONTINUATION PAGES</b>
	EMPLOYEE'S SIGNATURE	DATE	
	_____	_____	<b>GRAND TOTAL</b>
	SUPERVISOR'S SIGNATURE	DATE	
_____	_____	_____	_____
CHANCELLOR/VICE PRESIDENT SIGNATURE	DATE	CONTROLLER	DATE

