

TRAVEL EXPENSES

ACTIVITY State Extension Advisory Council Summer Meeting

DATE March 23-24, 2016

NAME _____

ADDRESS _____

CITY STATE ZIP CODE

1. Mileage from _____ to _____ and return.
If you used your car.

_____ Total Miles @ \$.54 = _____

2. Tolls (parking), if any. (Please provide receipt)

3. Meals (Please provide a receipt for any meal showing what was ordered and how you paid)

Breakfast _____ DATE _____

_____ DATE _____

Lunch _____ DATE _____

_____ DATE _____

Dinner _____ DATE _____

_____ DATE _____

4. Hotel (Please provide receipt)

GRAND TOTAL _____

PLEASE RETURN TO:

Jeff Young
CES Director for County Operations
S-107 Ag Science Building, North
University of Kentucky
Lexington, KY 40546-0091

Signature

2016 Travel expense SEC