

TRAVEL EXPENSES

ACTIVITY State Extension Advisory Council Summer Meeting

DATE August 17, 2021

NAME _____

ADDRESS _____

CITY

STATE

ZIP CODE

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

_____ Total Miles @ \$.56 = _____

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:

c/o Shannon Markel
S-107 Ag Science Building, North
University of Kentucky
Lexington, KY 40546-0091

Signature