

COURT OF JUSTICE
COMMONWEALTH OF KENTUCKY
TRAVEL VOUCHER



Instructions: Use this form to request reimbursement of travel related expenses. The ACCT-3 *Reimbursement Request* form is used for all other reimbursement requests. Submit this completed voucher to aoctravel@kycourts.net. Receipts must be attached.

1. Traveler Name: _____
2. Title: _____
3. Office/Department: _____
4. Employee Workstation: _____
Street, City, State, Zip
5. Traveler Residence: _____
Street, City, State, Zip
6. Office Phone: _____

7. Date: _____ Page 1 of _____
8. Employee ID Number: _____
9. Total Miles: _____
10. First Date of Travel Reported on this Voucher: _____
11. Last Date of Travel Reported on this Voucher: _____

Amount Paid

Round to
Whole #

Mo.	Day	TIME OF		LOCATION *MUST PROVIDE ADDRESS	PRIVATE AUTO		MEALS			Room	Other Expenses	TOTAL EXPENSES	
		Departure	Return		Miles	Amount	Breakfast	Lunch	Dinner				
		a.m.	a.m.	From:		\$ 0.00						\$ 0.00	
		p.m.	p.m.	To:									
PURPOSE:					EXPLAIN OTHER:								
		a.m.	a.m.	From:		\$ 0.00						\$ 0.00	
		p.m.	p.m.	To:									
PURPOSE:					EXPLAIN OTHER:								
		a.m.	a.m.	From:		\$ 0.00						\$ 0.00	
		p.m.	p.m.	To:									
PURPOSE:					EXPLAIN OTHER:								
		a.m.	a.m.	From:		\$ 0.00						\$ 0.00	
		p.m.	p.m.	To:									
PURPOSE:					EXPLAIN OTHER:								
		a.m.	a.m.	From:		\$ 0.00						\$ 0.00	
		p.m.	p.m.	To:									
PURPOSE:					EXPLAIN OTHER:								
		a.m.	a.m.	From:		\$ 0.00						\$ 0.00	
		p.m.	p.m.	To:									
PURPOSE:					EXPLAIN OTHER:								
		a.m.	a.m.	From:		\$ 0.00						\$ 0.00	
		p.m.	p.m.	To:									
PURPOSE:					EXPLAIN OTHER:								
TOTALS					0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
											TOTALS FROM ALL CONTINUATION PAGES		
											GRAND TOTAL	\$ 0.00	

By signing or approving this travel voucher, I hereby certify that all items of expense included in the above statement were incurred by a traveler on official business of the Court of Justice; that all expenses are authorized by AP Part VII, Sec. III; and that all information furnished herewith is true and correct to the best of my knowledge.

Traveler Signature

Date

Approved By Authorized Supervisor
(for employees and non-KCOJ travelers)

Date

Approved By Accounting Manager or Designee
(for elected/appointed officials and contractors)

Date

NOTE: IF TRAVEL VOUCHER IS SUBMITTED TO ACCOUNTING SERVICES MORE THAN 90 DAYS AFTER AN EXPENSE WAS INCURRED, THE EXPENSE WILL BE DENIED. SEE AP PART VII, 3.07(B)(3).

Print

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