AOC-T
Rev. 1-25
AP Part VII, Sec. III

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

Reset Form