Updated 10/01/2024

KENTUCKY BAR ASSOCIATION
EXPENSE REIMBURSEMENT VOUCHER

Submit monthly or upon completion of travel to the Kentucky Bar Association, 514 W Main St, Frankfort, KY 40601-1812

Name:

Street:

City: **State:** **Zip Code:**

Month of:

Expenses incurred in connection with the following bar association activity:

Mileage rate updated by AOC Effective on 10/1/2026

Date	FROM	Departure Time	TO	Arrival Time	Private Auto .49/m		Tolls, Taxi & Parking	Meals			Meal Tips	Hotel Room	Other (From Back)	Total Expenses
					Miles	Amount		Breakfast	Lunch	Dinner				
						-							-	-
						-							-	-
						-							-	-

INSTRUCTIONS

1. Please refer to Kentucky Bar Association Policy for allowable expenses.
2. If Continuation Sheet(s) is used, post total from each sheet on separate line(s) on the first sheet.
3. For other expenses, take total for each day on this side, and post to "Other" column on front for same day. Total on this side must equal "Other" column total on front.

DATE	DESCRIPTION OF OTHER EXPENSE	AMOUNT
	TOTAL (Must Equal "Other" Column on Front)	**$ -**