

Madison County Travel Reimbursement Form

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Category	Date	Amount
Airline Ticket		
Food (Up to \$35.00 per day; <b>itemized receipts required</b> )		
Lodging		
Baggage		
POV Mileage		
Rental Car		
Parking		
Tolls		
Fuel		
OTHER		
TOTAL REIMBURSEMENT		

(Receipts Attached)

To check mileage rate go to: <http://finance.ky.gov/services/statewideacct/Pages/travel.aspx>