



# OVERNIGHT TRAVEL REQUEST

NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES

5516 East Alexandria Pike  
 Cold Spring, KY 41076  
 Phone: 859-442-8600

Name: \_\_\_\_\_ Date(s) of Meeting: \_\_\_\_\_

Departure / Return Date: \_\_\_\_\_

Type of Meeting: \_\_\_\_\_

Location: \_\_\_\_\_ Hotel Requested: \_\_\_\_\_

Reason for Attending: \_\_\_\_\_

<p><b>FUNDING:</b></p> <p>Program Name / #:</p> <p>_____</p> <p>G / L #:</p> <p>_____</p>
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**ESTIMATED EXPENSES (PO REQUIRED):**

**ADMIN. USE:**

Registration Fee: \$ \_\_\_\_\_

PO: \_\_\_\_\_

Rental Car: \$ \_\_\_\_\_

PO: \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

PO: \_\_\_\_\_

Airfare: \$ \_\_\_\_\_

PO: \_\_\_\_\_

Reference Materials: \$ \_\_\_\_\_

PO: \_\_\_\_\_

**REIMBURSEMENT AFTER TRAVEL:**

Meals (\_\_\_ days x (see below)): \$ \_\_\_\_\_

Taxi / Uber: \$ \_\_\_\_\_

Parking: \$ \_\_\_\_\_

Luggage: \$ \_\_\_\_\_

**MEAL REIMBURSEMENT MAXIMUMS FOR APPROVED OVERNIGHT TRAVEL**

In- State	\$30 / day
Out of State	\$36 / day

Example: Travel on Monday to stay overnight for a Tuesday meeting is 2 days at up to \$30 per day.

**APPROVAL:**

\_\_\_\_\_  
 Program Director

\_\_\_\_\_  
 Date