EMPLOYEE EXPENSE REIMBURSEMENT
NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES
5516 EAST ALEXANDRIA PIKE
COLD SPRING, KY 41076
Phone (859) 442-8600 -- Fax (859) 442-7038

Employee Name: _____ **Social Security #** _____
Please Print

Address: _____

City: _____ **State:** _____ **Zip:** _____

Reason: _____

EXPENSES: List expenses below and tape receipts on a separate piece of paper and attach.

DATE	EXPENSE	AMOUNT

Total Expenses $ _____

Signed: _____ **Date:** _____

Approved: _____ **Date:** _____