



**KENTUCKY ASSOCIATION OF EDUCATIONAL
OPPORTUNITY PROGRAM PERSONNEL**

EXPENSE REIMBURSEMENT FORM (2006-2007)

Name:	
Address: <i>(For reimbursement check to be mailed)</i>	
Phone:	
Event:	
Date(s):	

TRAVEL EXPENSES: *(Original receipts for all items are to be attached)*

Expense Type:	Description:	Amount:
Hotel:		\$
Airfare:		\$
Meals:		\$
Other Transportation:		\$
Mileage: (\$0.40/mile)	<i>(Not to exceed \$50.00)</i> # of miles: _____ to/from: _____	\$
Other:		\$
Total Travel Expenses:		\$

OTHER EXPENSES: *(Original receipts for all items are to be attached)*

Expense Type:	Description:	Amount:
		\$
		\$
		\$
Total Other Expenses:		\$
Total Expenses Requested for Reimbursement:		\$

Requestor Signature:	KAEOPP Treasurer Signature:	
Date: ___/___/___	Date: ___/___/___	
Approved by: (KAEOPP President)	Date Paid: ___/___/___	Check Number:
Date: ___/___/___	Amount: _____	

Submit to: Annette Hines, KAEOPP Treasurer, UPO 1238, 150 University Blvd., Morehead, KY 40351
For inquiries, call: (606) 783-2140