

EMS EDUCATORS OF KENTUCKY

Expense Voucher

| Date | Purpose of Travel | From | To | Miles | @ Cents per Mile | Mileage* | Meals* | Lodging* | Total |
|------|-------------------|------|----|-------|------------------|----------|--------|--------------|-----------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | Total | \$ |

| Date | Other Expense To* | Purpose/Explanation | Total |
|------|-------------------|---------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Total |
| | | | \$ |

*These expenses must be pre-approved by E-Board for payment and receipts attached.

| | |
|-----------------|-----------|
| Total Pd | \$ |
|-----------------|-----------|

Instructor Signature: _____

Date: _____

Treasurer Signature: _____

Date: _____

| | | |
|-------------------------|-----------------------|----------------------|
| Date Paid: _____ | Check #: _____ | Amount: _____ |
|-------------------------|-----------------------|----------------------|