AOC-T
Rev. 1-01

COURT OF JUSTICE
COMMONWEALTH OF KENTUCKY
TRAVEL VOUCHER

7. Date: _____ Page 1 of _____

1. Employee Name: _____
2. Title: _____
3. Adm. Unit: _____
4. Employee Work Station: _____
5. Employee Residence: _____
   Street City Zip Code
6. Office Phone: _____

8. Social Security Number: _____
9. Total Miles: _____

Amount Paid

Mo.	Day	TIME OF Departure	TIME OF Return	LOCATION	PRIVATE AUTO Miles	PRIVATE AUTO Amount	Rd. & Br. Tolls	MEALS Breakfast	MEALS Lunch	MEALS Dinner	Meal Tips	Room	Other Expenses	TOTAL EXPENSES
				From To										
PURPOSE:					EXPLAIN OTHER:									
				From To										
PURPOSE:					EXPLAIN OTHER:									
				From To										
PURPOSE:					EXPLAIN OTHER:									
				From To										
PURPOSE:					EXPLAIN OTHER:									
				From To										
PURPOSE:					EXPLAIN OTHER:									
				From To										
PURPOSE:					EXPLAIN OTHER:									
				From To										
PURPOSE:					EXPLAIN OTHER:									
TOTALS														
											TOTALS FROM ALL CONTINUATION PAGES			
											GRAND TOTAL			

I hereby certify that all items of expense included in the above statement were incurred by a statutory employee of the Commonwealth in the discharge of official business; that they are proper charges against the Commonwealth; and that all data furnished herewith are true and correct to the best of my knowledge.

RECEIPTS MUST BE ATTACHED

Employee Signature	Date	Approved By	Date	Agency Head or Representative	Date