

TRAVEL VOUCHER

Page 1 of 2 Date 4/15/15 Accounting Period _____ Budget FY 2015 New Modification

Line	Invoice Number						
FUND	AGENCY	ORGSUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/SUB
01	045		CE00				E 361
JOB/PROJECT	REPT CATEGORY	TERMINI	QUANTITY	AMOUNT		<input type="checkbox"/> INC <input type="checkbox"/> DEC	

TRAVELER ID: MEV0011
 TRAVELER NAME: ADAM EDELEN
 AGENCY NAME: APA 5/5/04-5841
 TRAVELER'S WORK STATION: Frankfort OFFICE PHONE _____
 TRAVELER'S RESIDENCE: Lexington

Single Check YES NO Check Category _____
 EFT YES NO Application Type _____
 Scheduled Pay Date _____
 AGENCY REFERENCE DATA _____

NO	DAY	TIME OF		LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN						
49				From Frankfort To Louisville	106			B: _____ L: _____ D: _____	\$43.46 Roundtrip
PURPOSE: <u>Speaking @ KEA Delegate Assembly - Marriott downtown</u>									
410				From Lexington To Mayoville	118			B: _____ L: _____ D: _____	\$48.38 Roundtrip
PURPOSE: <u>Speaking @ Chamber of Commerce @ Country Club</u>									
414				From Frankfort To Louisville	94			B: _____ L: _____ D: _____	\$38.94 Roundtrip
PURPOSE: <u>Speaking @ Rural Hospital / Critical Access Hospital</u>									
414				From Lexington To Prestonsburg	123			B: _____ L: _____ D: _____	\$50.43
PURPOSE: <u>Mtg. w/ County Judge Executive</u>									
414				Prestonsburg To Pikeville	27			B: _____ L: _____ D: _____	\$11.07
PURPOSE: <u>Mtg. @ Pikeville Medical Center</u>									
414				Pikeville To Lex.	147			B: _____ L: _____ D: _____	\$60.27
PURPOSE: <u>Return from Pikeville to Lex.</u>									

If mileage claimed, was State car available? YES NO
 TOTALS FOR THIS PAGE 615 \$252.15

I hereby certify, subject to the provisions of KRS 523:100 (unsworn falsification to authorities), that the above and proper charges in the discharge of official business and that all data furnished herein is true and correct to the best of my knowledge.

ENTER MILEAGE FROM ALL PAGES 721 (Miles) x 41 (Cost Per Mile) \$252.15

TRAVELER'S SIGNATURE: [Signature] DATE: 15 APR 15

TOTAL OTHER EXPENSES _____
 TOTALS FROM ALL CONTINUATION PAGES \$43.46

SUPERVISOR'S SIGNATURE: [Signature] DATE: 4-15-15

GRAND TOTAL \$295.61 ✓

AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE: [Signature] DATE: 4/17/15

CABINET HEAD'S SIGNATURE IF REQUIRED _____ DATE _____

Agency

Document Number

TRAVEL VOUCHER

Page 2 of 2 Date 4/15/15 Accounting Period _____ Budget FY 2015 New Modification

Line	Invoice Number						
FUNO	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/SUB
JOB/PROJECT	REPT CATEGORY	TERMINI	QUANTITY	AMOUNT			
					<input type="checkbox"/> INC	<input type="checkbox"/> DEC	

TRAVELER ID _____

TRAVELER NAME ADAM EDELEN

AGENCY NAME APA 5/564-5841

TRAVELER'S WORK STATION Frankfort OFFICE PHONE _____

TRAVELER'S RESIDENCE Lexington

Single Check YES NO Check Category _____

EFT YES NO Application Type _____

Scheduled Pay Date _____

AGENCY REFERENCE DATA

MO	DAY	DEPARTURE	RETURN	TIME OF	LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
4	11				Frankfort Louisville	106			B _____ L _____ D _____	\$43.46
PURPOSE: <u>Speaking @ KMCA conference @ Marriott</u>										
					From To				B _____ L _____ D _____	
PURPOSE:										
					From To				B _____ L _____ D _____	
PURPOSE:										
					From To				B _____ L _____ D _____	
PURPOSE:										
					From To				B _____ L _____ D _____	
PURPOSE:										

If mileage claimed, was State car available? YES NO

TOTALS FOR THIS PAGE 106 \$43.46

I hereby certify, subject to the provisions of KRS 523:100 (unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished hereon are true and correct to the best of my knowledge.

ENTER MILEAGE FROM ALL PAGES: 721 (Miles) x .41 (Cents Per Mile)

TRAVELER'S SIGNATURE [Signature] DATE 16 APR 16

SUPERVISOR'S SIGNATURE [Signature] DATE 4-16-15

TOTAL OTHER EXPENSES	
TOTALS FROM ALL CONTINUATION PAGES	\$252.15
GRAND TOTAL	\$295.61

AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE _____ DATE _____

EDUCATION PAYS

CABINET HEAD'S SIGNATURE IF REQUIRED _____ DATE _____

Agency

1500085013
Document Number

TRAVEL VOUCHER

Page 1 of 1 Date 5/7/15 Accounting Period Budget FY 2015 New Modification

Line		Invoice Number						
FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/SUB	
13	045		CG-00				E361	
JOB/PROJECT	REPT CATEGORY	TERMIN	QUANTITY	AMOUNT				
					<input type="checkbox"/> INC	<input type="checkbox"/> DEC		

TRAVELER ID: MEV0011
 TRAVELER NAME: ADAM EDELEN
 AGENCY NAME: APA 504584
 TRAVELER'S WORK STATION: Frankfort OFFICE PHONE:
 TRAVELER'S RESIDENCE: Lexington

Single Check YES NO Check Category _____
 EFT YES NO Application Type _____
 Scheduled Pay Date _____
 AGENCY REFERENCE DATA

NO	DAY	TIME OF DEPARTURE	RETURN	LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LOGGING	SUBSISTENCE	TOTALS
4	21			From Lex To Prestonsburg	240			B _____ L _____ D _____	\$98.40
PURPOSE: Rural hospital mtg @ Mtn. Art Center									
4	21			From Frankfort To Maysville	118			B _____ L _____ D _____	\$48.38
PURPOSE: Tour + Speak @ Meadowview Hospital Quarterly Mtg									
5	4			From Lexington To Princeton	440			B _____ L _____ D _____	\$180.40
PURPOSE: Rural Hospital mtg @ Caldwell Med. Ctr.									
5	6			From Lex To Somerset	180			B _____ L _____ D _____	\$73.80
PURPOSE: Rural Hospital mtg @ Somerset Comm. College									
If mileage claimed, was State car available? <input type="checkbox"/> YES <input type="checkbox"/> NO					TOTALS FOR THIS PAGE	978			\$400.98

I hereby certify, subject to the provisions of KRS 523:100 (unsworn falsification to authorities), that the above and any other charges in the discharge of official business and that all data furnished herein are true and correct to the best of my knowledge.

ENTER MILEAGE FROM ALL PAGES: 978 (Miles) x 41 (Cents Per Mile)
 TOTAL OTHER EXPENSES
 TOTALS FROM ALL CONTINUATION PAGES
 GRAND TOTAL: \$400.98 ✓

TRAVELER'S SIGNATURE: *Adam Edelen* DATE: 7 MAY 15

SUPERVISOR'S SIGNATURE: *Libby Carlin* DATE: 5/8/15

AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE: _____ DATE: _____ CABINET HEAD'S SIGNATURE IF REQUIRED: _____ DATE: _____

COMMONWEALTH OF KENTUCKY
FINANCE AND ADMINISTRATION CABINET

Agency 1500095325
Document Number

TRAVEL VOUCHER

Page 1 of 1 Date 6/4/15 Accounting Period 2015 Budget FY 2015 New Modification

Line	Invoice Number						
FUND	AGENCY	ORG/UB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/UB
01	045		2E00				E 361
JOB/PROJECT	REPT CATEGORY	TERMIN	QUANTITY	AMOUNT		<input type="checkbox"/> INC <input type="checkbox"/> DEC	

TRAVELER ID _____
 TRAVELER NAME ADAM H. EDELEN
 AGENCY NAME APA - MEV001
 TRAVELER'S WORK STATION Frankfort - APA
 TRAVELER'S RESIDENCE Lexington OFFICE PHONE 564-5841

Single Check YES NO Check Category _____
 EFT. YES NO Application Type _____
 Scheduled Pay Date _____

AGENCY REFERENCE DATA

NO	DAY	TIME OF		LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN						
521				From Frankfort To Louisville	102			B _____ L _____ D _____	\$41.92
604				From Lexington To Madisonville	404			B _____ L _____ D _____	\$165.44
				From _____ To _____				B _____ L _____ D _____	
				From _____ To _____				B _____ L _____ D _____	
				From _____ To _____				B _____ L _____ D _____	
				From _____ To _____				B _____ L _____ D _____	

If mileage claimed, was State car available? YES NO

TOTALS FOR THIS PAGE

ENTER MILEAGE FROM ALL PAGES 506 (Miles) .41 (Cents Per Mile) \$207.46

TRAVELER'S SIGNATURE [Signature] DATE 5 JUNE 14
 SUPERVISOR'S SIGNATURE [Signature] DATE 6-5-15
 AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE [Signature] DATE 6/9/15

TOTAL OTHER EXPENSES _____
 TOTALS FROM ALL CONTINUATION PAGES _____
 GRAND TOTAL \$207.46 ✓

CABINET HEAD'S SIGNATURE IF REQUIRED _____ DATE _____

COMMONWEALTH OF KENTUCKY
FINANCE AND ADMINISTRATION CABINET

Agency 1500099624
Document Number

TRAVEL VOUCHER

Page 1 of 1 Date 6/19/15 Accounting Period 2015 Budget FY
Out-of-State Authorization New Modification

Line _____		Invoice Number _____					
FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	DELSUB
13	045		CG 00				E 361
JOB/PROJECT	REPT CATEGORY	TERMIN	QUANTITY	AMOUNT			

TRAVELER ID: MEV0011

TRAVELER NAME: ADAM EDELEN

AGENCY NAME: APA

TRAVELER'S WORK STATION: FRANKFORT OFFICE PHONE: 564-5841

TRAVELER'S RESIDENCE: LEXINGTON

Single Check YES NO Check Category _____

EFT. YES NO Application Type _____

Scheduled Pay Date _____

AGENCY REFERENCE DATA

MO	DAY	TIME OF		LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN						
6	16			From Lexington To Covington	144			<input checked="" type="checkbox"/>	\$59.04
PURPOSE: <u>Ky. Tailors Conference @ NKY Convention Ctr.</u>									
6	17			From Lexington To Bowling Green	322			<input checked="" type="checkbox"/>	\$132.02
PURPOSE: <u>Press Conference @ Bowling Green Chamber</u>									
6	19			From Frankfort To Louisville	108				\$44.28
PURPOSE: <u>Cty. Judge Magistrate Joint Summer Conf @ Galt</u>									
				From To					
PURPOSE: _____									
				From To					
PURPOSE: _____									
				From To					
PURPOSE: _____									

If mileage claimed, was State car available? YES NO

TOTALS FOR THIS PAGE: \$16

I hereby certify, subject to the provisions of KRS 523:100 (unsworn falsification to authorities), that the above and proper charges in the discharge of official business and that all data furnished herein are true and correct to the best of my knowledge.

TRAVELER'S SIGNATURE: [Signature] DATE: 6/19/15

SUPERVISOR'S SIGNATURE: [Signature] DATE: 6/23/15

AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE: [Signature] DATE: 6/30/15

ENTER MILEAGE FROM ALL PAGES	<u>574</u>	(Miles)	<u>41</u>	(Cents Per Mile)	\$235.34
TOTAL OTHER EXPENSES					\$16.00
TOTALS FROM ALL CONTINUATION PAGES					
GRAND TOTAL:					\$251.34

CABINET HEAD'S SIGNATURE IF REQUIRED _____ DATE _____

Amount deleted from TV 1500101578

\$16 per diem

Agency 1500101578
Document Number

TRAVEL VOUCHER

Page 1 of 1 Date 6/25/15 Accounting Period 2015 Budget FY
Out-of-State Authorization New Modification

Line _____		Invoice Number _____					
FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/SUB
13	045		CG00				E 361
JOB/PROJECT	REPT CATEGORY	TERMINI	QUANTITY	AMOUNT		<input type="checkbox"/> INC <input type="checkbox"/> DEC	

TRAVELER ID: MEV0011

TRAVELER NAME: Adam Edelen

AGENCY NAME: APA 504.5841

TRAVELER'S WORK STATION: Frankfort OFFICE PHONE

TRAVELER'S RESIDENCE: Lexington

Single Check YES NO Check Category _____

EFT YES NO Application Type _____

Scheduled Pay Date _____

AGENCY REFERENCE DATA

NO	DAY	TIME OF		LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN						
625						153	162.30		
PURPOSE: <u>Overnight Stay @ Hampton Inn for Paducah mtg's</u>									\$162.30
PURPOSE:									
PURPOSE:									
PURPOSE:									
PURPOSE:									
PURPOSE:									
If mileage claimed, was State car available? <input type="checkbox"/> YES <input type="checkbox"/> NO					TOTALS FOR THIS PAGE				

\$162.30 per diem see separate voucher

I hereby certify, subject to the provisions of KRS 523:100 (unsworn falsification to authorities), that the above expenses/charges in the discharge of official business and that all data furnished herein are true and correct to the best of my knowledge.

ENTER MILEAGE FROM ALL PAGES: _____ (Miles) x _____ (Costs Per Mile)

TRAVELER'S SIGNATURE: [Signature] DATE: 25 JUN 15

TOTAL OTHER EXPENSES	
TOTALS FROM ALL CONTINUATION PAGES	
GRAND TOTAL	\$162.30

SUPERVISOR'S SIGNATURE: [Signature] DATE: 6/20/15

AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE: _____ DATE: _____



Over payment on TV 1500099624
CABINET HEAD'S SIGNATURE IF REQUIRED _____ DATE: _____

146.30
- 9.18
NN TV 15000996.32

TRAVEL VOUCHER

Page 1 of 1 Date _____ Accounting Period 2015 Budget FY _____
 New Modification

Line _____		Invoice Number _____					
FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/SUB
13	045		CG-00				E.361
JOB/PROJECT	REPT CATEGORY	TERMINI	QUANTITY	AMOUNT			

TRAVELER ID: MEV.0011

TRAVELER NAME: ADAM EDELEN

AGENCY NAME: APA 5104-5841

TRAVELER'S WORK STATION: Frankfort OFFICE PHONE _____

TRAVELER'S RESIDENCE: Lexington

Single Check YES NO Check Category _____

EFT YES NO Application Type _____

Scheduled Pay Date _____

AGENCY REFERENCE DATA

NO	DAY	TIME OF DEPARTURE	RETURN	LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
623				Lexington to Bowling Green				B: _____ L: _____ D: _____	\$67.24
PURPOSE: Assoc. of Chiefs of Police mtg.									
623				Bowling Green to Owensboro	73			B: _____ L: _____ D: _____	\$209.3
PURPOSE: Sexual Assault Kit stakeholder mtg. in Owensboro									
625				Lexington to Paducah	542		overnight stay (Chesapeake) 7/8-15	B: _____ L: _____ D: _____	\$222.22
PURPOSE: Sexual Assault Kit stakeholder mtg.									
630				Lexington to Hebron	134			B: _____ L: _____ D: _____	\$54.94
PURPOSE: Sexual Assault Kit Stakeholder mtg.									
623				Owensboro to Lexington	186			B: _____ L: _____ D: _____	\$76.26
PURPOSE: Return from Sexual Assault Kit Stakeholder mtg.									
If mileage claimed, was State car available? <input type="checkbox"/> YES <input type="checkbox"/> NO									
					TOTALS FOR THIS PAGE	1099	\$30		\$450.59

I hereby certify, subject to the provisions of KRS 523:100 (unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished hereon are true and correct to the best of my knowledge.

TRAVELER'S SIGNATURE: [Signature] DATE: 30 JUN 15

SUPERVISOR'S SIGNATURE: [Signature] DATE: 30 June 15

AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE: [Signature] DATE: 6/30/15

ENTER MILEAGE FROM ALL PAGES: 41 (Miles) x 41 (Cents Per Mile)

TOTAL OTHER EXPENSES: 0

TOTALS FROM ALL CONTINUATION PAGES: 0

GRAND TOTAL: \$450.59

CABINET HEAD'S SIGNATURE IF REQUIRED _____ DATE _____

Sales Tax Paid: 9.18

ON TR 1500101578 476.41

6/30/15

4-1-15

New Year

Form M
Rev. 01

TH OF KENTUCKY
NISTRATION CABINET

Agency 1600002848
Document Number

TRAVEL VOUCHER

Page 1 of 2 Date 7/9/15 Accounting Period _____ Budget FY 2015 New Modification

Line	Invoice Number						
FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBI/SUB
01	045		CE00				E361
JOB/PROJECT	REPT CATEGORY	TERMIN	QUANTITY	AMOUNT		<input type="checkbox"/> INC <input type="checkbox"/> DEC	

TRAVELER ID: MEV0011

TRAVELER NAME: Adam Edelen

AGENCY NAME: APA 5245841

TRAVELER'S WORK STATION: Frankfort OFFICE PHONE

TRAVELER'S RESIDENCE: Lexington

Single Check YES NO Check Category _____

EFT YES NO Application Type _____

Scheduled Pay Date _____

AGENCY REFERENCE DATA

NO	DAY	TIME OF		LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN						
71				From Frankfort To Elizabethtown				B L D	\$68.80
PURPOSE: <u>Sexual Assault Kit Stakeholder mtg. round trip</u>									
77				From Lexington To Corbin	95			B L D	\$40.85
PURPOSE: <u>Sexual Assault Kit stakeholder mtg.</u>									
77				From Corbin To Somerset	49			B L D	\$21.07
PURPOSE: <u>Travel from Corbin mtg to Somerset Sexual Assault mtg.</u>									
77				From Somerset To Lexington	91			B L D	\$39.13
PURPOSE: <u>Return from mtg. to lex.</u>									
78				From Frankfort To Louisville	106			B L D	\$45.58
PURPOSE: <u>Sexual Assault Kit stakeholder mtg. round trip</u>									
79				From Lexington To Bowling Green	159			B L D	\$68.37
PURPOSE: <u>Sexual Assault Kit Stakeholder mtg.</u>									

If mileage claimed, was State car available? YES NO

TOTALS FOR THIS PAGE 140 43 43 283.80

I hereby certify, subject to the provisions of KRS 523:100 (unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished hereon are true and correct to the best of my knowledge.

ENTER MILEAGE FROM ALL PAGES 946 (Miles) x 43 (Cents Per Mile)

TRAVELER'S SIGNATURE: [Signature] DATE: 8 JULY 15

SUPERVISOR'S SIGNATURE: [Signature] DATE: 7-8-15

AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE: [Signature] DATE: 7/9/15

TOTAL OTHER EXPENSES	
TOTALS FROM ALL CONTINUATION PAGES	\$122.98
GRAND TOTAL	\$406.78 ✓



CABINET HEAD'S SIGNATURE IF REQUIRED DATE

Agency

Document Number

TRAVEL VOUCHER CONTINUATION

Out-of-State Authorization

Traveler ID _____ Traveler Name Adam Edelen Date 7/9/15 Page 2 of 2

MO	DAY	TIME OF		LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS	
		DEPARTURE	RETURN							
7	9			From Bowling Green To Hopkinsville	69			B _____ L _____ D _____	\$29.67	
PURPOSE: Hopkinsville Sexual Assault Kit mtg.										
7	9			From Hopkinsville To Lexington	217			B _____ L _____ D _____	\$93.31	
PURPOSE: Return from meetings in Bow. Gr. + Hopkinsville										
				From _____ To _____				B _____ L _____ D _____		
PURPOSE:										
				From _____ To _____				B _____ L _____ D _____		
PURPOSE:										
				From _____ To _____				B _____ L _____ D _____		
PURPOSE:										
				From _____ To _____				B _____ L _____ D _____		
PURPOSE:										
				From _____ To _____				B _____ L _____ D _____		
PURPOSE:										
				From _____ To _____				B _____ L _____ D _____		
PURPOSE:										
					TOTALS FOR THIS PAGE		286			\$122.98



Agency

16.00011103
Document Number

TRAVEL VOUCHER

Page 1 of 1 Date 8/10/15 Accounting Period 2015 Budget FY

Out-of-State Authorization
 New Modification

Line		Invoice Number							
FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/SUB		
01	045		CE00				E 361		
JOB/PROJECT	REPT CATEGORY	TERM/IN	QUANTITY	AMOUNT					
									<input type="checkbox"/> INC <input type="checkbox"/> DEC

TRAVELER ID: MEV0011
 TRAVELER NAME: Adam Edelen
 AGENCY NAME: APA
 TRAVELER'S WORK STATION: Frankfort OFFICE PHONE: 504.5841
 TRAVELER'S RESIDENCE: Lexington

Single Check YES NO Check Category _____
 EFT YES NO Application Type _____
 Scheduled Pay Date _____
 AGENCY REFERENCE DATA

NO	DAY	TIME OF		LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LOGGING	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN						
721				From Lexington To Maysville 80				B _____ L _____ D _____	\$34.40
PURPOSE: Sexual Assault Kit Stakeholder mtg.									
721				From Maysville To Ashland 85				B _____ L _____ D _____	\$36.55
PURPOSE: Sexual Assault Kit Stakeholder mtg.									
727				From Lexington To Prestonsburg 126				B _____ L _____ D _____	\$54.18
PURPOSE: Sexual Assault Kit Stakeholder mtg.									
727				From Prestonsburg To Hazard 35				B _____ L _____ D _____	\$15.05
PURPOSE: Sexual Assault Kit Stakeholder mtg.									
721				From Ashland To Lexington 117				B _____ L _____ D _____	\$50.31
PURPOSE: Return from mtg.									
727				From Hazard To Lexington 134				B _____ L _____ D _____	\$57.62
PURPOSE: Return from mtg.									

If mileage claimed, was State car available? YES NO
 TOTALS FOR THIS PAGE 577

I hereby certify, subject to the provisions of KRS 523.100 (unsworn falsification to authorities), that the above are proper charges for the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

ENTER MILEAGE FROM ALL PAGES 577 (Miles) x .43 (Cents Per Mile) \$248.11

TRAVELER'S SIGNATURE: [Signature] DATE: 8/10/15

TOTAL OTHER EXPENSES	
TOTALS FROM ALL CONTINUATION PAGES	
GRAND TOTAL	\$248.11 ✓

SUPERVISOR'S SIGNATURE: [Signature] DATE: 8/10/15
 AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE



CABINET HEAD'S SIGNATURE IF REQUIRED DATE

TRAVEL VOUCHER

Page 1 of 3 Date 9/25/15 Accounting Period _____ Budget FY 2015 New Modification

Line	Invoice Number						
FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/SUB
D1	045		CE00				E 361
JOB/PROJECT	REPT CATEGORY	TERMINI	QUANTITY	AMOUNT		<input type="checkbox"/> INC <input type="checkbox"/> DEC	

TRAVELER ID: MEV0011

TRAVELER NAME: ADAM EDELEN

AGENCY NAME: FRANKFORT 504.5841

TRAVELER'S WORK STATION: LEXINGTON OFFICE PHONE _____

TRAVELER'S RESIDENCE: _____

Single Check YES NO Check Category _____

EFT YES NO Application Type _____

Scheduled Pay Date _____

AGENCY REFERENCE DATA

NO	DAY	TIME OF		LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LOGGING	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN						
811				From Lexington To Covington	146			B _____ L _____ D _____	62.78
PURPOSE: <u>Speaking to Ky. Professional Firefighters Conf.</u>									
813				From Lexington To Campbellsville	196			B _____ L _____ D _____	84.28
PURPOSE: <u>Interview + Mtg. w/ Campbellsville University</u>									
821				From Lexington To Covington	146			B _____ L _____ D _____	62.78
PURPOSE: <u>NKY Chamber mtg. / forum</u>									
827				From Frankfort To Louisville	108			B _____ L _____ D _____	46.44
PURPOSE: <u>Governors Local Issues Conf.</u>									
917	9/18			From Lexington To Owensboro	188			B _____ L _____ D _____	80.84
PURPOSE: <u>Sheriff's Conference</u>									
918				From Owensboro To Bowling Green	72 + 163			B _____ L _____ D _____	101.05
PURPOSE: <u>Rural Health Association Annual Conf. Bow. Green to Lexington 163mi. return</u>									

If mileage claimed, was State car available? YES NO

TOTALS FOR THIS PAGE: 1019 43817

I hereby certify, subject to the provisions of KRS 5:23-100 (unsworn falsification to authorities), that the above is a proper charge in the discharge of official business and that all data furnished herein is true and correct to the best of my knowledge.

ENTER MILEAGE FROM ALL PAGES	<u>1087.6</u> (Miles) x <u>.43</u> (Rate Per Mile)	<u>467.23</u>
TOTAL OTHER EXPENSES		<u>184.55</u>
TOTALS FROM ALL CONTINUATION PAGES		<u>51.06</u> 51.24
GRAND TOTAL		<u>673.78</u>

TRAVELER'S SIGNATURE: [Signature] DATE: 6 OCT 15

SUPERVISOR'S SIGNATURE: [Signature] DATE: 10/8/15

AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE: [Signature] DATE: 10/12/15

EDUCATION PAYS

CABINET HEAD'S SIGNATURE IF REQUIRED _____ DATE _____

Agency

Document Number

TRAVEL VOUCHER CONTINUATION

Traveler ID _____ Traveler Name ADAM EBELLEN

Date 9/23/15 Out-of-State Authorization Page 2 of 3

MO	DAY	TIME OF		LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN						
9	21			From Frankfort To Louisville	52			B _____ L _____ D _____	22.36
PURPOSE: WHAS Morning Show re: rape kit backlog report									
9	22			From WHAS, Lou. To WAVE 3 Lou. 1mi				B _____ L _____ D _____	.43
PURPOSE: WAVE 3 Morning Show re: rape kit backlog report									
9	22			From WAVE 3 To WDRB Lou. 1.6				B _____ L _____ D _____	.68
PURPOSE: WDRB Morning Show re: rape kit backlog report									
9	22			From WDRB To CN2 Show, Lou. 13				B _____ L _____ D _____	5.59
PURPOSE: CN2 taping re: rape kit backlog report									
				From _____ To _____				B _____ L _____ D _____	
PURPOSE: _____									
9	21			From _____ To _____				B _____ L <u>15</u> D _____	\$15
PURPOSE: overnight in Lou. for 9/22 media interviews									
9	22			From _____ To _____				B <u>7</u> L _____ D _____	\$7
PURPOSE: day in Louisville for media re: rape kits									
				From _____ To _____				B _____ L _____ D _____	
PURPOSE: _____									
				From _____ To _____				B _____ L _____ D _____	
PURPOSE: _____									
				From _____ To _____				B _____ L _____ D _____	
PURPOSE: _____									
				From _____ To _____				B _____ L _____ D _____	
PURPOSE: _____									

TOTALS FOR THIS PAGE \$29.06 \$22 \$51.06



29.24

51.24

Date 9/25/15 Agency

Document Number

Traveler ID Traveler Name Adam Edelen

Out-of-State Authorization

OTHER EXPENSES (may include airfare, bus fare, subway, car rental, registration fees, etc.)			
DATE Mo. Day	ITEM OF EXPENSE (Attach receipt for each item over \$10)	EXPLANATION	AMOUNT
9/21	Hotel	Hampton Inn, Louisville overnight stay for 9/22/15 media in Louisville (beginning at 5am - WHAS Morning Show)	184.55
For instructions read Finance and Administration regulation 200 KAR Chapter 2. This form must be typed or legibly prepared in ink. Show times as a.m. or p.m. Show vicinity travel on a separate line for each day. Under subsistence, B=breakfast, L=lunch, D=dinner. Use continuation pages if needed.			Enter total here and at bottom of form MARS-34: 184.55
SPECIAL TRANSPORTATION JUSTIFICATION PER 200 KAR 2:006, SECTION 5 (6) (a)			

SUBSISTENCE CHART
(Subsistence includes meals, taxes and tips)
(Effective on and After July 1, 1999)

If travel includes overnight lodging and at least these hours:	6:30 a.m. through 9:00 a.m.	11:00 a.m. through 2:00 p.m.	5:00 p.m. through 9:00 p.m.
	For authorized travel in Kentucky and U.S. except "High-Rate" Areas listed by Secretary of Finance - you may claim _____	\$7	\$8
For authorized travel in "High-Rate" Areas listed by Secretary of Finance - you may claim _____	\$8	\$9	\$19

Subsistence cannot be claimed for meals included in registration fees.