KDDC
Kentucky Dairy
Development Council

KY Dairy Conference Reimbursement Form
Kentucky Dairy Development Council
176 Pasadena Drive
Lexington, KY 40503

(office use only)
Form Received_____
Total Amount Due_____
Authorized By_____
Pd Date_____ Check#_____

(*Please Print)*

Name:_____ Phone:_____

Address:_____

City/State/Zip:_____

Date	Meeting Name Meeting Location	**Round Trip** Car Mileage	Plane	Meals	Hotel	Other: Please Specify
	Name:					
	Location:					
	Name:					
	Location:					
	Name:					
	Location:					

ALL RECEIPTS MUST BE ATTACHED TO RECEIVE REIMBURSEMENT OF ANY KIND

Hotel will be reimbursed only $50 per night stayed not the entire cost of the stay

Your Signature:_____ Date:_____ Total Due:_____