UNIVERSITY OF KENTUCKY

University Financial Services

Over 60 Day Taxation Form

Please complete and attach detailed supporting documentation if required, and then submit with the TRIP Travel Expense Report.

Date/		
Γraveler's Name	UK Person ID No	TRIP Doc.#
Cost Object/WBS Element	Travel Destination (city)	
Last Date of Travel/ Traveler Approve	al Date//	
PLEASE CHECK THE BOX BE	ELOW THAT APPLIES TO TH	HE ABOVE TRIP.
I understand that I do not qualify for one of process my travel reimbursement as taxable	<u> </u>	nat Travel Services will
Allowable exemptions from taxation - please	check the applicable box:	
I was on FMLA during the sixty (60) day possipporting documentation.	eriod following the return date of	travel. Provide dates and
I was in continuous foreign travel status. <i>P Report numbers</i> .	lease provide dates, destinations,	and TRIP Travel Expense
I submitted the appropriate support docu Division Business Office proxy failed to 1 (60) day period. <i>Provide email, date-stam</i> submitted to proxy.	process my TRIP Travel Expen	se Report prior to the sixty
Traveler's Signature		/
Print Traveler's Name		
FOR UNIVERSITY FINANCIAL SERVICES ONLY		
Travel Services:	Non-Taxable	Taxable Amount \$
Reviewed by Date/		