

DRAFT 6/6/23

PERSONNEL

03.125 AP.22

Travel Reimbursement Request Form

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<u>NAME</u>	<u>SCHOOL/LOCATION</u>
<u>JOB TITLE</u>	<u>DATE OF REQUEST</u>

REGULATION ON TRAVEL EXPENSE AND REIMBURSEMENT CAN BE OBTAINED FROM THE COMMONWEALTH OF KENTUCKY FINANCE AND ADMINISTRATION CABINET OFFICE OF THE CONTROLLER <https://finance.ky.gov/services/statewideacct/Pages/travel.aspx>

A. TRAVEL TO APPROVED CONFERENCES AND MEETINGS

THE HOPKINS COUNTY BOARD OF EDUCATION REIMBURSES MILEAGE BASED ON THE CURRENT STATE RATE.

*MEAL REIMBURSEMENT IS BASED ON \$~~34~~5 PER DIEM - \$~~10~~5-BREAKFAST/ \$~~1~~50-Lunch/ \$20-Dinner

DATE(S)	CONFERENCE TITLE & LOCATION	# MILES DRIVEN	MEALS* \$-10-15- 20	ROOM COST	REG FEE	PARKING/ TOLLS	TOTAL
SECTION A SUB-TOTALS							
OUT OF DISTRICT TRAVEL REQUEST <i><u>WILL NOT</u></i> BE PROCESSED FOR PAYMENT UNLESS A COPY OF THE <i><u>APPROVED</u></i> AUTHORIZATION TO TRAVEL FORM IS ATTACHED							TOTAL A

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B. OTHER APPROVED TRAVEL

DATE	PERSON OR PLACE VISITED	PURPOSE	# MILES DRIVEN	PARKING/ TOLLS	TOTAL
SECTION B SUB-TOTALS					
MILEAGE FROM CENTRAL OFFICE TO ADT-5 BSMS-1 EARLINGTON-3 GRAPEVINE-2 HANSON-7 HCCHS-7 JMMS-2.5 JSES-3 MNHHS-4 PRIDE-2 SHMS-9 SSIDE-9 WBWAY-5 WHS-17				TOTAL B	

EMPLOYEE SIGNATURE	GRAND TOTAL
SUPERVISOR SIGNATURE	