PERSONNEL

03.125 AP.22

Standard Invoice for Travel Expense

0011075 - 0580 VG E

Org Object Project

PLEASE COMPLETE ALL REQUESTED INFORMATION TO EXPEDITE YOUR REIMBURSEMENT.

Name Charles Adams 5091 ☐ Board Member ☑ Employee ☐ Itinerant Employee Date Submitted 5-12-14

Home Address 956 Normandy Heights City Taylorsville, State KY ZIP 40071

DATE	TIME		LOCATION/PURPOSE	MILEAGE		OVERNIGHT		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	$ Amount	Yes	No				
5/8-9	11:00 AM	3:00 PM	Lexington KSBA			✓		115.35			115.35
										meals	37.—
			TOTALS								152.35
										GRAND TOTAL:	115.35

VG ✓

Overnight stay is required for meal reimbursement. Meals will be reimbursed at the per diem rate established by the Board plus 20% for tips.

Mileage will be reimbursed at 40¢ per mile. Please attach your Mapquest and all receipts for expense reimbursement (meal receipts not required).

Employee's Signature *Date* *Superintendent/Designee's Signature* *Date*

Office use: # of Breakfast ____ @ $ 0 # of Lunch 1 @ $ 14 # of Dinner 1 @ $ 23

Total Meal Reimbursement $ 37.00

Review/Revised 08/26/08

PAID
MAY 13 2014
BY: 71648 ICN

COUNTRY
INNS & SUITES
BY CARLSON

Chuck Adams
956 Normandy Heights Rd
Taylorsville KY 40071
United States

Room No. : 315
Arrival : 05-08-14
Departure : 05-09-14
Page No. : 1 of 1
Folio No. :
Conf. No. : 78656467
Cashier No. : 379

INFORMATION INVOICE
Membership No. : GR 6015995005117865
A/R Number :
Group Code :
Company Name :

05-09-14 12:49:40 AM EST

Date	Text	Charges	Credits
05-08-14	Room	101.70	
05-08-14	City Tax 6%	6.10	
05-08-14	State Lodging Tax 1%	1.02	
05-08-14	State Tax 6%	6.53	
05-09-14	Mastercard		115.35
	Total	**115.35**	**115.35**
	Balance		**0.00**

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature_____

Country Inn and Suites Lexington
2297 Executive Drive
Lexington, KY 40505
Phone: (859) 299-8844 Fax: (859) 299-9688

PERSONNEL

03.125 AP.22

Standard Invoice for Travel Expense

0011075-0580 ug 5091

Org Object Project

PLEASE COMPLETE ALL REQUESTED INFORMATION TO EXPEDITE YOUR REIMBURSEMENT.

Name Claire Adams ☐ Board Member ☐ Employee ☐ Itinerant Employee Date Submitted _____

Home Address _____ City _____, State _____ ZIP _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		OVERNIGHT		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	$ Amount	Yes	No				
3/17			mediation; Louisville						✓	10.00✓	10.00
3/19-3/21			Finance Institute; Lexington			✓		292.62✓		30.00✓	322.62
										Meals	97.00
			TOTALS								
										GRAND TOTAL:	$ 429.62 ✓

ICM

Overnight stay is required for meal reimbursement. Meals will be reimbursed at the per diem rate established by the Board plus 20% for tips.

Mileage will be reimbursed at 40¢ per mile. Please attach your Mapquest and all receipts for expense reimbursement (meal receipts not required).

Claire Adams 3/21/14 C Ake 3/31/14

Employee's Signature *Date* *Superintendent/Designee's Signature* *Date*

Office use: # of Breakfast _____ @ $_____ # of Lunch 2 @ $ 14.00 $28.00 # of Dinner 5 @ $ 27.00 $69.00

Total Meal Reimbursement $ $97.00

RECEIVED MAR 28 2014 BY: 71379 cm

Review/Revised:08/26/08

Page 1 of 1

KENTUCKY CENTER
PARKING GARAGE
RIVERSIDE PARKING
502 584 2459

Rcpt# 3924
03/17/14 14:09 Ln 2 Am 2 Txn# 10240
03/17/14 08:47 In 03/17/14 14:09 Out
Tkt# 010601

Fee 1	$	10.00
Total Fee	$	10.00
CASH PAID	$	10.00-
Cash Tender	$	10.00
Change Due	$	0.00

THANK YOU
HAVE A GREAT DAY

COUNTRY
INNS & SUITES
BY CARLSON

Charles Adams
956 Normandy Heights Rd.
Taylorsville KY 40071
United States

Room No. : 308
Arrival : 03-19-14
Departure : 03-21-14
Page No. : 1 of 1
Folio No. :
Conf. No. : 77415342
Cashier No. : 379

INFORMATION INVOICE
Membership No. :
A/R Number :
Group Code :
Company Name :

03-21-14 12:34:51 AM EST

Date	Text	Charges	Credits
03-19-14	Room	129.00	
03-19-14	City Tax 6%	7.74	
03-19-14	State Lodging Tax 1%	1.29	
03-19-14	State Tax 6%	8.28	
03-20-14	Rollaway	15.00	
	Rollaway bed 3/20/14		
03-20-14	Room	129.00	
03-20-14	City Tax 6%	7.74	
03-20-14	State Lodging Tax 1%	1.29	
03-20-14	State Tax 6%	8.28	
03-21-14	American Express		307.62
	Total	**307.62**	**307.62**
	Balance		**0.00**

-15.00

292.62

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature_____

Country Inn and Suites Lexington
2297 Executive Drive
Lexington, KY 40505
Phone: (859) 299-8844 Fax: (859) 299-9688