PERSONNEL 03.125 AP.22

Standard Invoice for Travel Expense

0011075 - 0580 **PLEASE COMPLETE ALL REQUESTED INFORMATION**
Org Object Project TO EXPEDITE YOUR REIMBURSEMENT.

Name Carrie Sheets ☐ **Board Member** ☐ **Employee** ☐ **Itinerant Employee** **Date Submitted** _____
Home Address 9514 Normandy Ln. Ashland **City** _____, **State** _____ **ZIP** _____

DATE	TIME Depart	TIME Return	LOCATION/PURPOSE	MILEAGE # of Miles	MILEAGE $ Amount	OVERNIGHT Yes	OVERNIGHT No	LODGING	REGISTRATION	OTHER	TOTAL
1/7			Louisville PTA Nationals								
2/27			KSBA Annual Conference Galt House						Parking	$ 8 ✓	8.00
2/28			" " Annual Conference Galt House							$ 5 ✓	5.00
3/18			KASA Finance Institute Lexington, Ky					255.19 ✓		$ 10 ✓	10.00
3/19			" " Finance Institute Lexington, Ky								255.19
3/20			" " Finance Institute Lexington, Ky						Parking	$10 no receipt	10.00
									Meals 69		69.00
			TOTALS								
										GRAND TOTAL:	$ 357.19 ✓

KM

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* 11/14/19 *Superintendent/Designee's Signature* _____ *Date* _____

Office use: # of Breakfast 1 @ $9.00 # of Lunch 1 @ $14.00 # of Dinner 2 @$ 23 $46

Total Meal Reimbursement $ 69.00

Review/Revised:08/26/08

Kentucky Exposition Center

RECEIPT FOR PARKING

AMOUNT PAID $8.00
DATE 11/07/14

CARD NOT VALID FOR
REFUND OR RE-ENTRY

2/07557727/170468301/018507
Waterfront Garage
02/27/15 12:35 4StEn-S

WEP

02/27/15 15:03 12
$ 5.00

To add parking to your room, please take this ticket to the Hotel front desk at check-in. TT07221_US

CITY OF LOUISVILLE
RIVERFRONT
GARAGE

RECEIPT H124

ENTRY TIME:
02/28/15 09:46
EXIT TIME:
02/28/15 13:59
PARK-DUR.: HRS:MIN
0:04:13

AMOUNT:
$ 10.00

THANK YOU FOR YOUR
VISIT

COUNTRY
INNS & SUITES
BY CARLSON

Chuck Adams
956 Normandy Heights Rd
Taylorsville KY 40071
United States

Room No. : 304
Arrival : 03-18-15
Departure : 03-20-15
Page No. : 1 of 1
Folio No. :
Conf. No. : 82611555
Cashier No. : 100

INFORMATION INVOICE

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

03-20-15 01:24:32 AM EST

Date	Text	Charges	Credits
03-18-15	Room	113.40	
03-18-15	City Tax 6%	6.80	
03-18-15	State Lodging Tax 1%	1.13	
03-18-15	State Tax 6%	7.28	
03-19-15	Room	111.60	
03-19-15	City Tax 6%	6.70	
03-19-15	State Lodging Tax 1%	1.12	
03-19-15	State Tax 6%	7.16	
	Total	**255.19**	**0.00**
	Balance		**255.19**

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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
Email: cx_lxtn@countryinns.com