TRAVEL VOUCHER

(Fund to be Charged)	0011071-0580		(Signature of Principal/s	2 100mm 8/2/15)S		I hereby certify that all items o						-							7/17/2015 L-ville Home	7/16/2015	7/15/2015	7/14/2015 Home Louisville	Date & Time of Departure From	Address: 310 n		Please enter current mileage rate: (i.e35)
rged)	0	Curco.	Supervisor)	8/3/15			of expense included in													9			ville	Destination	s io nailliolly calle, spilliglield	Taylora Schlosser	ye rate: (i.e35)
-Credit card slips, registration forms, or check copies are not accepted as receipts.	Registration fee, parl	For lodging to be reimbursed, an original, itemized receipt is required	Original itemized me		- An overnight is requi	No meal reimb	the above state																PLC Training/KASA Confe	Purpose	ieid		0.41
	cing, tolls, etc.	mbursed, an or	al receint is rea	bursement incl	ired for reimbu	No meal reimbursement was requested for any meals provided as part of the activity or conference	ment were	\$ 21.00												\$ 7.00	\$ 7.00	\$ 7.00	ASA Conf	Breakfast			
	may be reimbursed	iginal itemized rece	mired Gramity can	luding gratuity - \$7/	reement of meals		incurred in the	\$ 24.00													\$ 8.00	\$ 8.00	\$ 8.00	Meals Lunch	Address:		
	with original rea	 Original itemized meal receipt is required. Gratuity can not exceed 20%. For lodeing to be reimbursed an original itemized receipt is required. 	not exceed 20°	8/15 or \$8/9/19			e dischard	\$ 45.00		-											\$ 15.00	\$ 15.00	\$ 15.00	Dinner	CO) East N	Board of E	
	ceipts.	è	· ·	(high rate areas)		າeals provic	e of official	130.0															130	Mileage Miles Ct	nam Street	ducation	
(Date)				Ļ		ded as part of	business in	53.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53.30	age Charge	/35 East Main Street, Lebanon, Nentucky	of Marion C	
		(orginature c	(Signature o			e or ordical business in connection with my duties as: neals provided as part of the activity or conference.	connection																	Other (Specify) /	nentucky	ounty	Month:
		(oignature of Employee)	of Employee)		•	y or confere	with my du	\$																ier Amount			July 2015
					nce.	nce.	ies as:	\$ 143.30	\$	\$	()	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7.00	\$ 30.00	\$ 30.00	\$ 76.30	Total Charge			

--Please see the official policy and/or procedures for complete details.

rdb -10/2004