TRAVEL VOLICHER

	f Employee)	(Signature of Employee)		%	in not exceed 20%	aired. Gratuity ca	neal receipt is requ	-Original itemized meal receipt is required. Gratuity can not exceed 20%.	(Signature of Principal/Supervisor)	ture of Prin	(Signat
			ŗ.	(high rate areas	/8/15 or \$8/9/19	ding gratuity - \$7	mbursement inclu	Maximum meal reimbursement including gratuity - \$7/8/15 or \$8/9/19 (high rate areas).	00000	COUL	2
						sement of meals.	luired for reimburs	An overnight is required for reimbursement of meals		The state of the s	
ence.	or confer	of the activity	ded as part	neals provid	ed for any n	was request	nbursement v	No meal reimbursement was requested for any meals provided as part of the activity or conference			
ities as:	with my du	connection	business in	e of official	he discharg	incurred in t	ement were	the above stat	hereby certify that all items of expense included in the above statement were incurred in the discharge of official business in connection with my duties as:	that all its	I hereby certify
\$ 58.05	\$	h	58.05	135.0	\$	\$ -	\$				
\$			0.00								
69			0.00								
()			0.00								
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\$ 58.05			58.05	135				CKEC Mtg	Lexington	CO	8/19/2015
Total Charge	ler Amount	Other (Specify)	Mileage s Charge	Miles	Dinner	Meals Lunch	Breakfast	Purpose	Destination	From	Date & Time of Departure
		Sounty Kentucky	l of Education of Marion County ast Main Street, Lebanon, Kentucky	Education	Board 755 E	Employer: Address:		field	Taylora Schlosser 316 Harmony Lane, Springfield		Employee: Address:
)15	August 2015	Month:			į		' 5	0.43	Please enter current mileage rate: (i.e35)	urrent m	Please enter c
					1	< T	7				

(Fund to be Charged) 0011071-0580

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

--Registration fee, parking, tolls, etc. may be reimbursed with original receipts. --For lodging to be reimbursed, an original, itemized receipt is required.

-Credit card slips, registration forms, or check copies are not accepted as receipts.

(Date)

rdb -10/2004