TRAVEL VOLICHER

Employee: Address: Date & Time of Departure 9/29/2015 9/30/2015 10/13/2015 10/20/2015 10/21/2015 10/21/2015	From CCO CO	Employee: Taylora Schlosser Taylora Sch	Employer: Board of E Address: 755 East N Meals Purpose Breakfast Lunch Dinner EdLeader 21 Conference \$ 9.00 \$ 19.00 EdLeader 21 Q \$ 8.00 \$ 9.00 \$ 19.00 Symposium for GT Ky Teacher of the Year Ceremony CKEC CKEC Symposium for GT Ky Teacher of the Year Ceremony CKEC CKEC Symposium for GT Ky Teacher of the Year Ceremony CKEC No meal reimbursement was requested for any many many many many many many many	Breakfast conference \$ 8.00 \$ 8.00 the Year Conference the Year Confe	Meals Lunch \$ 9.00 \$ 9.00 \$ 9.00 \$ 1	Board of E 755 East N Dinner \$ 19.00 \$ 19.00 \$ 19.00 the dischargeted for any m	Main Stree Miles 125 135 318.0 318.0 318.0 318.0 318.0	### Repair of France France	County County (Specify) Connection Connection Connection	Mileage Charge Charge	Total Charge \$ 28.00 \$ 36.00 \$ 36.00 \$ 54.00 \$ 54.00 \$ - \$ - \$ - \$ - \$ - \$ - \$ \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ - \$ \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$
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Date & Time of Departure	From		Purpose	Breakfast		Dinner	Miles	eage Charge	Otl (Specify)	her Amount	Total Charge
9/29/2015		Dallas, TX	EdLeader 21 C	onference		↔		0.00			\$ 28.00
9/30/2015		Dallas, TX	EdLeader 21 (€9		0.00			\$ 36.00
10/1/2015		Dallas, TX	EdLeader 21 (₩		0.00			\$ 36.00
10/13/2015	СО	Shaker Village	Symposium for	r GT			58	23.20			\$ 23.20
10/20/2015	СО	Frankfort	Ky Teacher of	the Year C	eremony		125	50.00			\$ 50.00
10/21/2015	co	Lexington	CKEC				135	54.00			\$ 54.00
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				\$ 16.00	\$ 27.00	\$ 57.00	318.0	127.20		\$	\$ 227.20
I hereby certify	that all i	tems of expense included	in the above state No meal reim	ement were bursement	incurred in was reques	the discharged for any r	ge of officia neals provi	l business ir ded as part	of the activit	n with my duly by or confere	ties as: ince.
	Klone .	And I	-An overnight is required for reimbursement of meals. Maximum meal reimbursement including gratuity. \$7/8/15 or \$8/0/10	nired for reimbu	rsement of meals	7/8/15 05 88/9/16	(high rate areas)	2			
(Sigriat	ure of Pr	(Signature of Principal/Supervisor)	Original itemized meal receipt is required. Gratuity can not exceed 20%.	eal receipt is rec	quired. Gratuity	can not exceed 20)%.		(Signature	(Signature of Employee)	
	001107	0011075-0580	-For lodging to be reimbursed, an original, itemized receipt is required. -Registration fee marking tolls eff may be reimbursed with original receipts.	imbursed, an ori	ginal, itemized re	ceipt is required.	operate and a second				
	(Fund to	(Fund to be Charged)	-Credit card slips, registration forms, or check copies are not accepted as receipts	gistration forms,	or check copies	are not accepted a	as receipts.		(D)	(Date)	

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

rdb -10/2004