

TRAVEL EXPENSE VOUCHER

FUND	UNIT	FUNCTION	PROGRAM	INST. LEVEL	PROJECT	WORKSITE	EMPLOYEE ID#

Name: Greg Duty ☐ Board Member ☒ Employee ☐ Itinerant Employee

Date Submitted: 8/4/16

Home Address: 221 Ward Ave. City: Bellevue State: KY Zip: 41073

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Meals	Tips*				
7/18-21	7:00 am	6:00 pm	Galt House in Louisville; Superintendent Training	202	82.82	17.90					100.72
Totals					82.82	17.90					
<u>GRAND TOTAL:</u>											100.72

* Tips in excess of 15% of the cost of food will not be approved.

Mileage will be reimbursed at the rate approved by the Board.

Please attach all receipts for expense reimbursement.

*Employee's Signature*_____
*Date*_____
*Signature of Superintendent/designee*_____
Date

Review/Revised:7/11/13