

Please enter current mileage rate: (i.e. .35)

0.41

Month:

August 2016

Employee: Taylora Schlosser
Address: _____

Employer: Board of Education of Marion County
Address: 755 East Main Street, Lebanon, Kentucky

[illegible]

I 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 _____.

No meal reimbursement was requested for any meals provided as part of the activity or conference.

--An overnight is required for reimbursement of meals

---Maximum meal reimbursement including gratuity - \$7/8/15 or \$8/9/19 (high rate areas)

---Original itemized meal receipt is required. Gratuities can not exceed 20%

—For lodging to be reimbursed, an original, itemized receipt is required

--Registration fee, parking, tolls, etc. may be reimbursed with original receipts

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

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

(Signature of Principal/Supervisor)

0011071-0580

(Fund to be Charged)

(Signature of Employee)

(Date)