TRAVEL VOUCHER

(Fund to be Charged)	0011075-0580	YSignat	S/Orllower 12/1/16		I hereby certify t												11/30/2016	11/28/2016	11/15/2016	11/3/2016	11/2/2016	Date & Time of Departure	Address:	Employee:	Please enter cu
		ure of Pr			that all i												CO	СО	CO	CO	co	From			ırrent n
		l			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:												St. Charles Middle	Frankfort, KY	West Marion Elementary	Gerogetown, KY	Bowling Green, KKY	Destination		Taylora Schlosser	Please enter current mileage rate: (i.e35)
Credit card slips, registration forms, or check copies are not accepted as receiptsPlease see the official policy and/or procedures for complete details.	 For lodging to be reimbursed, an original, itemized receipt is required. Registration fee, parking, tolls, etc. may be reimbursed with original receipts 	-Original itemized meal receipt is required. Gratuity can not exceed 20%.	-An overnight is required for reimbursement of mealsMaximum meal reimbursement including gratuity - \$7/8/15 or \$8/9/19 (high rate areas).	No meal rein	the above star												Site Visit	Ky Board of Ed Mtg/Charter Schools	Learning Walk	Workforce Supt. Meeting	GRREC Meeting	Purpose			0.39
	eimbursed, an oria arking, tolls, etc. r	meal receipt is req		nbursement	lement were	⇔ -												d Mtg/Charte	`	pt. Meeting	ing	Breakfast			' '
	ginal, itemized rec nay be reimbursec	uired. Gratuity ca		No meal reimbursement was requested for any meals provided as part of the activity or conference	incurred in t	€9												er Schools				Meals Lunch	7.7		(
	ceipt is required. d with original re	an not exceed 20%.			the discharg	⇔ '																Dinner	755 East M	Board of Education of Marion County	ļ
	ceipts.			neals provi	e of officia	527.4											16	125	21.4	150	215	Miles	ain Street	ducation	
			,	ded as part	l business ir	205.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.24	48.75	8.35	58.50	83.85	Mileage S Charge	lain Street, Lebanon, Kentucky	of Marion C	
(Date)		(Signature		of the activity or confere	າ connectio																	Ot (Specify)	Kentucky	ounty	Month:
		(Signature of Employee)			n with my du	\$ -																Other fy) Amount			Nov 2016
rdb -10/2004				ence.	ities as:	\$ 205.69	\$	\$	()	⇔	⇔	\$	\$	()	€ Э	()	\$ 6.24	\$ 48.75	\$ 8.35	\$ 58.50	\$ 83.85	Total Charge			