

TRAVEL EXPENSE VOUCHER

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

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

Date Submitted: 12/8/2016

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*				
11/16	12:00	2:30	Erlanger/ Early Childhood Meeting	25	\$10.25						\$10.25
12/6	6:30	5:30	Lexington/ Superintendents' Summit	162	\$66.42						\$66.42
Totals											
<u>GRAND TOTAL:</u>											\$76.67

* 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