PERSONNEL 03.125 AP.22

Standard Invoice for Travel Expense

PLEASE COMPLETE ALL REQUESTED INFORMATION TO EXPEDITE YOUR REIMBURSEMENT.

Org **Object** **Project**

Name Chuck Adams ☐ Board Member ☑ Employee ☐ Itinerant Employee **Date Submitted** _____

Home Address 956 Lemonwood Hts. Rd **City** Richlawn, **State** KY **ZIP** 40004

DATE	TIME		LOCATION/PURPOSE	MILEAGE		OVERNIGHT		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	$ Amount	Yes	No				
2/15	12:00	4:00	Louisville - Farm Machinery Show							8.00	
2/24	11:00	6:00	Louisville - KSBA							8.00	
2/25	8:00	3:30	Louisville - KSBA							14.00	
3-15-17	4:00	9:08	Lexington - Financial Law Symposium					255.36			
			TOTALS								
										GRAND TOTAL:	

Overnight stay is required for meal reimbursement. Meals will be reimbursed at the per diem rate established by the Board plus 20% for tips.

Mileage will be reimbursed at 40¢ per mile. Please attach your Mapquest and all receipts for expense reimbursement (meal receipts not required).

Chuck Adams _____ _____ _____ _____

Employee's Signature *Date* *Superintendent/Designee's Signature* *Date*

Office use: # of Breakfast ____ @ $____ # of Lunch 1 @ $____ # of Dinner 2 @$____ Review/Revised:08/26/08

Total Meal Reimbursement $_____

OF LOUISVILLE
.IVERFRONT
Ker GARAGE

RECEIPT H124

ENTRY TIME:
02/24/17 11:22
EXIT TIME:
02/24/17 15:15
PARK-DUR.: HRS:MIN
0:03:53
AMOUNT:
$ 8.00

KIND OF PAYMENT:
CASH

THANK YOU FOR YOUR
VISIT

CITY OF LOUISVILLE
RIVERFRONT
GARAGE

RECEIPT H124

ENTRY TIME:
02/25/17 06:40
EXIT TIME:
02/25/17 14:03
PARK-DUR.: HRS:MIN
0:07:23
AMOUNT:
$ 14.00

KIND OF PAYMENT:
CASH

THANK YOU FOR YOUR
VISIT

ntucky State Fair and Expo Center

Gate 1
Welcome to the 2017 NFNS
502-367-5227
Ticket: 274-32379 Veh:-
Type: Transient Cashier:G01L001A
Printed: 02/15/2017 2:10 PM

Parking	$ 8.00
Gross Charge	$ 8.00
TOTAL CHARGES	$ 8.00
02/15/2017 2:10 PM G01L001A 274 CAS	$ 8.00
BALANCE DUE:	$ 0.00

Thank You. Come Again Customer Copy

COUNTRY
INNS & SUITES
BY CARLSON

Charles Adams
956 Normandy HS Rd
Taylorsville KY 40071
United States

Room No. : 405
Arrival : 03-15-17
Departure : 03-17-17
Page No. : 1 of 1
Folio No. :
Conf. No. : 35511445
Cashier No. : 4919

INFORMATION INVOICE
Membership No. : GR 6015995005117865
A/R Number :
Group Code :
Company Name :

03-16-17 11:15:55 PM EST

Date	Text	Charges	Credits
03-15-17	Room	110.00	
03-15-17	City Tourism Fee 8.5%	9.35	
03-15-17	State Tourism Fee 1%	1.10	
03-15-17	State Tax 6.75%	7.23	
03-16-17	Room	110.00	
03-16-17	City Tourism Fee 8.5%	9.35	
03-16-17	State Tourism Fee 1%	1.10	
03-16-17	State Tax 6.75%	7.23	
	Total	**255.36**	**0.00**
	Balance	**255.36**	

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Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature_____

Country Inn and Suites Lexington
2297 Executive Drive
Lexington, KY 40505
Phone: (859) 299-8844 Fax: (859) 299-9688
Email: cx_lxtn@countryinns.com