TRAVEL VOUCHER

| Please enter current mileage rate: (i.e35) | າileage rate: (i.e35) | 0.4 | | | į | · | | Month: | March/April 2017 | 2017 |
|--|--|--|--|---|------------------------------------|-----------------------------|--|---------------------------------|--------------------------------|--------------------|
| Employee:T | Taylora Schlosser | | | Employer: Address: | Board of Ed | ducation dain Street | Board of Education of Marion County 755 East Main Street, Lebanon, Kentucky | Sounty Kentucky | | |
| Date & Time | Destination | Purpose | Breakfast | Meals Lunch | Dinner | Mileage Miles CI | age Charge | Other (Specify) | her Amount | Total Charge |
| | Scottsdale, AZ | EdLeader 21 Conf | Conf | | | | | Airfare | | \$ 328.40 |
| S-field | Richmond, KY | Conference | | | | 60 | 24.00 | | | \$ 24.00 |
| Richmo | ICHS | Conference | | | | 70 | 28.00 | | | \$ 28.00 |
| | | | | | | | 0.00 | | | \$ - |
| | | | | | | | 0.00 | | | \$ |
| | | | | | | | 0.00 | | | () |
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| | | | | | | | 0.00 | | | \$ |
| | | | | | | | 0.00 | | | ⇔ |
| | | | | | | | 0.00 | | | \$ |
| | | | | | | | 0.00 | | | \$ - |
| | | | \$ - | \$ | \$ - | 130.0 | 380.40 | | ٠ | \$ 380.40 |
| hereby certify that all it | 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: / | in the above statement were incurred in the discharge of official business in connection with my duties. No meal reimbursement was requested for any meals provided as part of the activity or conference | atement were | e incurred in vas requesto | the dischared for any n | ge of offici neals provi | al business ded as part | in connection of the activities | on with my di ty or confere | uties as: nce. |
| | Section 1 | -An overnight is required for reimbursement of meals. -Maximum meal reimbursement including gratuity - \$7/8/15 or \$8/9/19 (high rate areas). | uired for reimburs mbursement inclu | ement of meals. ding gratuity - \$7 | /8/15 or \$8/9/19 | (high rate areas |) | : | | |
| (Signature of Principal/Supervisor) | cipal/Supervisor) | Original itemized meal receipt is required. Gratuity can not exceed 20%. For lodging to be reimburged an original itemized receipt is required. | neal receipt is requ | ired. Gratuity ca | n not exceed 200 | .% | | (Signature | (Signature of Employee) | |
| 0011075-0580 | 0580 | Registration fee, parking, tolls, etc. may be reimbursed with original receipts. | rking, tolls, etc. m | ay be reimbursed | with original re | eipts. | | | | |
| (Fund to be Charged) | e Charged) | -Credit card slips, registration forms, or check copies are not accepted as receiptsPlease see the official policy and/or procedures for complete details. | gistration forms, c ial policy and/or p | or check copies ar rocedures for com | e not accepted a plete details. | s receipts. | | 8 | (Date) | |