TRAVEL EXPENSE VOUCHER

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

Name: Greg Duty ☐ Board Member ☒ Employee ☐ <u>Itinerant</u> Employee ☐ <u>Date Submitted</u>: 7/27/17

Home Address: 221 Ward Ave City: Bellevue, State: KY Zip: 41073

| | | | | | | | 0.5 | | | | mom15 |
|--------------|-------------|-----------|--------------------|------------|----------------|-------|-------|---------|--------------|----------------|----------------|
| DATE | TI | ME | LOCATION/PURPOSE | MILI | EAGE | FO | OD | LODGING | REGISTRATION | OTHER | TOTAL |
| | Depart | Return | | # of Miles | \$ Amount | Meals | Tips* | | | | |
| 7/26 | <u>7:00</u> | 6:00 | Louisville/ | <u>204</u> | \$83.64 | | | | | \$14.00 | \$97.64 |
| | <u>am</u> | <u>pm</u> | New Superintendent | | | | | | | (parking) | |
| | | | Graduation | | | | | | | | |
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| | 1 | I | Totals | | <u>\$83.64</u> | | | | | <u>\$14.00</u> | <u>\$97.64</u> |
| GRAND TOTAL: | | | | | | | | | | <u>\$97.64</u> | |

| * Tij | os in | excess | of | 15% | of | the | cost | of | food | will | not | be | ap | prove | d. |
|-------|-------|--------|----|-----|----|-----|------|----|------|------|-----|----|----|-------|----|
|-------|-------|--------|----|-----|----|-----|------|----|------|------|-----|----|----|-------|----|

| Mileage will be reimbursed at the rate approve Please attach all receipts for expense reimbursed at the rate approver. | • | | |
|------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|---------|
| | | Greg Duty | 7/27/17 |
| Employee's Signature | Date | Signature of Superintendent/designee | Date |

Review/Revised:7/11/13