

**TRAVEL EXPENSE VOUCHER**

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

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

Date Submitted: 12/12/17

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*				
12/10-12/11	12:00 pm	10:00 pm	Lexington/KASS Annual Conference	161	\$66.01						\$66.01
<b>Totals</b>					\$66.01						\$66.01
<b><u>GRAND TOTAL:</u></b>											\$66.01

\* 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

*Greg Duty*  
Signature of Superintendent/designee

12/12/17  
Date