BREATHITT COUNTY BOARD OF EDUCATION P.O. BOX 750, JACKSON, KY 41339 STANDARD INVOICE FOR TRAVEL EXPENSE

VENDOR N	IUMBER	3956
ORG OC	1/075	
OBJECT	0580	
PROJECT		

ame: .ddress:	Phillip Wat	is				
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Month of	Feb	IN	Year	RAVEL INFORMATIO	ON 2017	
DATE	DEPART TIME	FROM	ARRIVAL TIME	то	REASON	MILES
2/8/18	8:30 AM	со	9:00 AM	MRC	School Visit	22
2/11/18	10:30 PM	со	12:00 PM	MRC, Southfork, Wo	Flooding	25
2/12/18	9:30 AM	СО	12:00 PM	MRC, Southfork, Wo		29
2/14/18	9:00 AM	СО	9:30 AM	MRC	School Visit	22
2/15/18	9:00 AM	СО	9:30 AM	HTS	School Visit	22
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				.41 .44		
		TOTAL MILES	120	@AZ PER MILE	· I	\$ \$50:40 4

SIGNATURE OF EMPLOYEE	DATE	CHECK NO.:		
		AMOUNT PD.:		
APPROVED BY PRINCIPAL/SUPERVISOR	DATE	DATE PAID:		
Platet	3-19-18			
APPROVED BY SUPERINTENDENT	DATE			

OUT OF COUNTY -	INDIVIDUAL TR	AVEL REQUES	T AND REIM	BURSEMENT	FORM
You must obtain appr	oval 7 business days p	prior to the trip before	expenses can be	eimbursed.	

					•				
NAME:	Phillip Watts		PHYSICAL	L HOME	ADDRES	SS:	-		
MEETING / PURPOSE:	KSPMA 1	Winter Workshop	í	0	ESTINAT		The Cente	er for Rural Dev Somerset,KY	elopment,
		w w	Date		Time			Date	Time
MEETING DATE	2/9/2018	DEPARTURE	2/9/	2018	4:45	AM.	RETUR	2/9/2018	7:30 PM
REGISTRA	TION FEE REQUIRED:			Yes	V	No	Cost:	\$	ESTIMATED
HOTEL RE	QUESTED:	# OF DAYS		Yes	1	No	Est. Cost:	s	TRIP COST
SUB TEAC	HER REQ. (APP. \$90. PER	DAY):		Yes	1	No	Est. Cost:	\$	80.93
MEALS RE	QUESTED:	# OF DAYS		Yes	V	No	Est. Cost:	\$	\$73.29
MILEAGE	178.76 197.	X STATE RATE		Yes		No	Cost:	\$ \$73.29	
<u>*MIL</u>	EAGE MUST BE SUPPO	ORTED BY GOOGL	LE MAPS.	. ATTA	CH SUPF	PORTI	NG DOCUME	NTATION TO RE	EQUEST.*
10.54.5020		has paras de la sage	SOURCE	OF FL	JNDS:			W4 5 5 1 2 4 5 2 4 5	
TITLE 1			FR	ESS C/YSC		_	IDEA PRESCHOOL HAN		OTHER:
RURAL-LOW	KETS		GENERAL	FUND	X		SBD	М	
Purchase C	Order number assigned by fi		EMPLOYEE'S	SIGNATION	Pl	21	t	>	1-8-18
	82000 600		EMPLOTEES	SIGNATOR	KE .				
	02000000	<i>y</i>	PRINCIPAL/SL	UPERVISO	R SIGNATUI	REEL	ECTRONI	CALLY	DATE
							APPROV		
	DEIMBURGEN	IENT SECTION	i com) N	= /N=n=	D DE	THRMING	EROM TRIP	相談機器譜
MUST A	TTACH RECEIPTS FO	Commission Contracts	NAMES OF STREET	SECRETARIS .	HARRIST BERTINSON	10010-00	A STATE OF THE PARTY OF THE PAR	A COST OF PRINCIPAL PRINCI	EALSI
DID YOU	DRIVE? Check box:	☐ Yes	☐ No	e in difference of					a. 0 a
MILEAGE-	ROUND TRIP: 197.	(O X STATE	E RATE:					\$	80.93
TOLLS:	PARKING	3:	REGIST	TRATION	N FEES:_			_ \$	
OVERNI	GHT TRIP:								
LODGING	# OF DAYS							\$	
MEAL LIM	TS: BREAKFAST-\$10; LUI	NCH-\$15; DINNER-\$2	20 WITH <u>IT</u>	EMIZE	D RECE	IPTS.	NO TIPS OR	ALCOHOL.	
DATE	BREAKFA	AST S	LUNC	н <u>\$</u>			DINNER	\$	
DATE	BREAKFA	AST \$	LUNC	н <u>s</u>		_	DINNER	<u>\$</u>	
DATE	BREAKFA	AST \$	LUNC	H \$			DINNER	<u>\$</u>	
DATE	BREAKFA	AST S	LUNC	H <u>\$</u>		_	DINNER	\$	
DATE	BREAKFA	AST \$	LUNC	H <u>\$</u>		_	DINNER	<u>\$</u>	\$
						ני	TOTAL	CLAIM: \$	80.93
I hereby certi	fy that the above is a correct sta	tement of the amount du	e from the B	reathitt Co	ounty Board	of Educ	ation for travel ex	penses	
	Mily	1				\supset	19-17		
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OUT OF COUNTY - INDIVIDUAL TRAVEL REQUEST AND REIMBURSEMENT FORM

MEETING / PURPOSE: KVEC Board Me MEETING DATE 2/28/2018 REGISTRATION FEE REQUIRED: # OF DAYS SUB TEACHER REQ. (APP. S90. PER DAY): MEALS REQUESTED: # OF DAYS MILEAGE REQUESTED: # OF DAYS	Date ARTURE 2/28/2	DESTINATION ADDRESS Time 2018 7:45 Al Yes	s: 412 Roy Car	pate Date 2/28/2018	Hazard, KY Time 1:30
DATE 2/28/2018 REGISTRATION FEE REQUIRED: HOTEL REQUESTED: # OF DAYS SUB TEACHER REQ. (APP. \$90. PER DAY): MEALS REQUESTED: # OF DAYS	ARTURE 2/28/2 S Y	7:45 Al	м ———	2/28/2018	
DATE 2/28/2018 REGISTRATION FEE REQUIRED: HOTEL REQUESTED: # OF DAYS SUB TEACHER REQ. (APP. \$90. PER DAY): MEALS REQUESTED: # OF DAYS	□ Y	res ☑ N	м ———		1:30
HOTEL REQUESTED: # OF DAYS SUB TEACHER REQ. (APP. S90. PER DAY): MEALS REQUESTED: # OF DAYS	s 🗆 Y	ret to the state of the state o	Cost: \$		
SUB TEACHER REQ. (APP. S90. PER DAY): MEALS REQUESTED: # OF DAYS	100 10000 1	'es ☑ N			ESTIMATE
MEALS REQUESTED: # OF DAYS	□ Y		o Est. Cost: \$		TRIP COS
		∕es ☑ N	o Est. Cost: \$		
ALL EAGE DECLIECTED. 50 / V STATE	s 🗆 Y	Yes ☑ N	o Est. Cost: \$		\$24.35
WILEAGE REGUESTED: 35.4 X STATE P	RATE Y	Yes N	O Cost: \$	\$24.35	
MILEAGE MUST BE SUPPORTED BY	GOOGLE MAPS.	ATTACH SUPPO	RTING DOCUMEN	TATION TO RE	QUEST.
		OF FUNDS:		art saids	156(1)51
TITLE 1 PROF, DEV. CTE	FAC	YSC ESS	PRESCHOOL HAND.		OTHER:
RURAL-LOW KETS	GENERAL F	UND X	SBDM		
REIMBURSEMENT SE MUST ATTACH RECEIPTS FOR PARK DID YOU DRIVE? Check box: Yes MILEAGE-ROUND TRIP: 57-4 X	(ING, TOLLS, RE	GISTRATION F		, AND ALL MI	
MANAGE 1927AN - 1936A -4 (MANAGE 192 4	REGISTI			\$	
OVERNIGHT TRIP:					
LODGING# OF DAYS		CMIZED DEOCID	TO NO TIPE OF A		
MEAL LIMITS: BREAKFAST-\$10; LUNCH-\$15; D				c conoc.	
DATE BREAKFAST S		I <u>s</u>	DINNER	\$	
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			Dimmen	¥	<u> </u>
DATE BREAKFAST S			TOTAL C	LAIM: \$	24.3
2 7 2018					243
DATE BREAKFAST S	amount due from the Bro	enthitt County Board of			24.3

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OUT OF COUNTY	- INDIVIDUAL	TRAVEL	REQUEST	AND	REIMBURSEMENT	FORM
					can be reimbursed	

NAME:	Phillip Watts		PHYSICAL H	OME ADDRE	ss:			
MEETING / PURPOSE:	Celebrating Educator Cap	and Student Su pitol -KVEC	ccess at the	DESTINAT ADDRI		Capi	tol, Frankfort,	KY
			Date	Time			Date	Time
MEETING DATE	3/7/2018	DEPARTURE	3 <i>[71</i> 20	18 7:00	MA C	RETURN	3/7/2018	4:00 PM
REGISTRA	TION FEE REQUIRED:		☐ Ye	s 🗸	No	Cost: \$		ESTIMATED
HOTEL RE	QUESTED:	# OF DAYS	☐ Ye	s 🗸	No Es	t. Cost: \$		TRIP COST
SUB TEAC	HER REQ. (APP. \$90. PER	DAY):	☐ Ye	s 🗾	No Es	t. Cost: \$		
MEALS RE	QUESTED:	# OF DAYS	☐ Ye	s 🗸	No Es	t. Cost: \$		\$89.38
	REQUESTED: 218	X STATE RATE	✓ Ye	s 🗆	No	Cost: \$	\$89.38	
<u>*MIL</u>	EAGE MUST BE SUPPO	ORTED BY GOOG	LE MAPS. A	TTACH SUP	PORTING D	OCUMEN	TATION TO RE	QUEST.*
VIII (4.500 EVIII)		《 夏初报》。	SOURCE	F FUNDS:				The second
TITLE 1				SS		IDEA B		OTHER:
RURAL-LOW			GENERAL FU		PRESC	SBDM		
PRINCIPAL/SUPERVISOR SIGNATURE DATE								
MUST A	REIMBURSEN	AND PRODUCTION OF THE PARTY OF THE PARTY.	Appropriate American American	AND ADDRESS OF THE PARTY AND ADDRESS.			1000	
DID YOU	DRIVE? Check box: ROUND TRIP: 218	✓ Yes	☐ No				\$	89.38
TOLLS:	PARKIN	3:	REGISTR	ATION FEES:			. \$	
OVERNI	GHT TRIP:							
LODGING	# OF DAYS						\$	
MEAL LIM	ITS: BREAKFAST-\$10; LU	NCH-\$15; DINNER-	\$20 WITH <u>ITE</u>	MIZED RECE	IPTS. NO T	IPS OR A	LCOHOL,	
DATE	BREAKF	AST S	LUNCH	\$	DI	NNER	<u>\$</u>	
DATE		AST \$		\$	DI	NNER	<u>\$</u>	
DATE	BREAKF	AST \$	LUNCH	\$	DI	NNER	<u>s</u>	
DATE	BREAKF	AST \$	LUNCH	\$	DI	INNER	\$	
DATE	BREAKF	AST \$	LUNCH	\$	DI	INNER	<u>\$</u>	\$
					TO'	TAL C	CLAIM: \$	89.38
I hereby cer	tify that the above is a correct st	atement of the amount of	lue from the Brea	thitt County Boar	d of Education I	for travel exp	enses	
	2011	11			77	18		
	This	W			3-7	-10		_
	EMPLOYEE'S SIGNATURE				D			

OUT OF COUNTY	- INDIVIDUAL TRAVEL	REQUEST AND	REIMBURSEMENT FOR	M
		그는 그 사람들이 있는데 화면을 하는 것이 없었다면 되었다.	[18] [18] [18] [18] [18] [18] [18] [18]	

You must obtain approval 7 business days prior to the trip before expenses can be reimbursed. NAME: Phillip Watts PHYSICAL HOME ADDRESS: DESTINATION MEETING / Galt House Hotel, Louisville, KY KASA/KSBA Trainings/Meetings PURPOSE: ADDRESS: Date Time Date Time MEETING DEPARTURE RETURN 3/1/2018 3/4/2018 12:30 PM DATE 3/1/18-3/3/18 5:45 AM Yes No. REGISTRATION FEE REQUIRED: Cost: \$ **ESTIMATED** Yes ☐ No TRIP COST # OF DAYS Est. Cost: \$ HOTEL REQUESTED: Yes ☑ No SUB TEACHER REQ. (APP. S90, PER DAY): Est. Cost: \$ ☐ No Yes \$307.92 MEALS REQUESTED: # OF DAYS Est. Cost: \$ \$180.00 312 Cost: \$ \$127.92 MILEAGE REQUESTED: X STATE RATE *MILEAGE MUST BE SUPPORTED BY GOOGLE MAPS. ATTACH SUPPORTING DOCUMENTATION TO REQUEST.* SOURCE OF FUNDS: TITLE 1 PROF. DEV. IDEA B OTHER: TITLE 2 FRCYSC PRESCHOOL HAND CTE GENERAL FUND SBON RURAL-LOW KETS Purchase Order number assigned by finance office. 82000639 ELECTRONICALLY REIMBURSEMENT SECTION - COMPLETE AFTER RETURNING FROM TRIP MUST ATTACH RECEIPTS FOR PARKING, TOLLS, REGISTRATION FEES, LODGING, AND ALL MEALS! DID YOU DRIVE? Check box: WYes. ☐ No ,41 X STATE RATE:_ MILEAGE-ROUND TRIP: REGISTRATION FEES:_ PARKING: **OVERNIGHT TRIP:** # OF DAYS MEAL LIMITS: BREAKFAST-\$10; LUNCH-\$15; DINNER-\$20 WITH ITEMIZED RECEIPTS. NO TIPS OR ALCOHOL. BREAKFAST \$ 4.37 / LUNCH S DINNER BREAKFAST \$ LUNCH S____ DINNER BREAKFAST S LUNCH S DINNER DATE BREAKFAST S LUNCH S DATE DINNER 44.37 BREAKFAST \$ LUNCH S DINNER FEB 2 7 2013 TOTAL CLAIM: \$ | 72,29 I hereby certify that the above is a correct statement of the amount due from the Breathitt County Board of Education for travel expenses 3-8-18

EMPLOYEE'S SIGNATURE

Revised 08/22/2017

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Service and the service of the servi ് ക്രീട്ട് സ്വാര്ഷ് സ്വാന്ധ അത്രായ് സ്വാന്ത്രിൽ നാന്ത്രിയും അവരായുടെ വരു സ്ഥാനം വരുന്നു. വരുന്നു വരുന്ന വരുന്ന വിമുന്ന പ്രസംഗ് പ്രധാന സ്വാന്ദ്ര സ്ഥാനില് വരുന്നു. വിദ്യാസ് പ്രസ്താനില് പ്രസ്തരം വരുന്നു. വരുന്നു വരുന്നു വരുന