

VENDOR NUMBER	3956
ORG	0011075
OBJECT	0580
PROJECT	

**Address:**

2017

[illegible]

\$ ~~\$50.40~~ 49.20

DATE

## BREATHITT COUNTY SCHOOL DISTRICT

## OUT OF COUNTY - INDIVIDUAL TRAVEL REQUEST AND REIMBURSEMENT FORM

You must obtain approval 7 business days prior to the trip before expenses can be reimbursed.

NAME: Phillip Watts		PHYSICAL HOME ADDRESS:	
MEETING / PURPOSE: KSPMA Winter Workshop		DESTINATION ADDRESS: The Center for Rural Development, Somerset, KY	

MEETING DATE	2/9/2018	DEPARTURE	Date: 2/9/2018 Time: 4:45 AM	RETURN	Date: 2/9/2018 Time: 7:30 PM
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REGISTRATION FEE REQUIRED:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cost: \$	ESTIMATED TRIP COST 80.93 \$73.29
HOTEL REQUESTED: # OF DAYS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Est. Cost: \$	
SUB TEACHER REQ. (APP. \$90. PER DAY):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Est. Cost: \$	
MEALS REQUESTED: # OF DAYS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Est. Cost: \$	
MILEAGE REQUESTED: 178.75 X STATE RATE 197.4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cost: \$ 73.29	

\*MILEAGE MUST BE SUPPORTED BY GOOGLE MAPS. ATTACH SUPPORTING DOCUMENTATION TO REQUEST.\*

SOURCE OF FUNDS:			
TITLE 1	PROF. DEV.	ESS	IDEA B
TITLE 2	CTE	FRC/YS	PRESCHOOL HAND.
RURAL-LOW	KETS	GENERAL FUND	SBDM
		X	

Purchase Order number assigned by finance office.

82000606	EMPLOYEE'S SIGNATURE	1-8-18
	DATE	
	PRINCIPAL/SUPERVISOR SIGNATURE	DATE

ELECTRONICALLY APPROVED

## REIMBURSEMENT SECTION - COMPLETE AFTER RETURNING FROM TRIP

MUST ATTACH RECEIPTS FOR PARKING, TOLLS, REGISTRATION FEES, LODGING, AND ALL MEALS!

DID YOU DRIVE? Check box: ☒ Yes ☐ No

MILEAGE-ROUND TRIP: 197.40 X STATE RATE: \$ 80.93

TOLLS: \_\_\_\_\_ PARKING: \_\_\_\_\_ REGISTRATION FEES: \$ \_\_\_\_\_

## OVERNIGHT TRIP:

LODGING \_\_\_\_\_ # OF DAYS \_\_\_\_\_ \$ \_\_\_\_\_

MEAL LIMITS: BREAKFAST-\$10; LUNCH-\$15; DINNER-\$20 WITH ITEMIZED RECEIPTS. NO TIPS OR ALCOHOL.

DATE	BREAKFAST \$	LUNCH \$	DINNER \$
DATE	BREAKFAST \$	LUNCH \$	DINNER \$
DATE	BREAKFAST \$	LUNCH \$	DINNER \$
DATE	BREAKFAST \$	LUNCH \$	DINNER \$
DATE	BREAKFAST \$	LUNCH \$	DINNER \$

TOTAL CLAIM: \$ 80.93

I hereby certify that the above is a correct statement of the amount due from the Breathitt County Board of Education for travel expenses.

  
EMPLOYEE'S SIGNATURE

3-19-18  
DATE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## BREATHITT COUNTY SCHOOL DISTRICT

## OUT OF COUNTY - INDIVIDUAL TRAVEL REQUEST AND REIMBURSEMENT FORM

You must obtain approval 7 business days prior to the trip before expenses can be reimbursed.

NAME: Phillip Watts PHYSICAL HOME ADDRESS: \_\_\_\_\_  
 MEETING / DESTINATION  
 PURPOSE: KVEC Board Meeting ADDRESS: 412 Roy Campbell Drive, Hazard, KY

MEETING DATE	Date	Time	DEPARTURE	Date	Time	RETURN	Date	Time
	2/28/2018			2/28/2018	7:45 AM		2/28/2018	1:30 PM

REGISTRATION FEE REQUIRED:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cost: \$	ESTIMATED TRIP COST  \$24.35
HOTEL REQUESTED: _____ # OF DAYS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Est. Cost: \$	
SUB TEACHER REQ. (APP. \$90. PER DAY):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Est. Cost: \$	
MEALS REQUESTED: _____ # OF DAYS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Est. Cost: \$	
MILEAGE REQUESTED: 59.4 X STATE RATE	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cost: \$ 24.35	

\*MILEAGE MUST BE SUPPORTED BY GOOGLE MAPS. ATTACH SUPPORTING DOCUMENTATION TO REQUEST.\*

SOURCE OF FUNDS:							
TITLE 1	PROF. DEV.	ESS	IDEA B	OTHER:			
TITLE 2	CTE	FRC/YSC	PRESCHOOL HAND.				
RURAL-LOW	KETS	GENERAL FUND	SBDM				

Purchase Order number assigned by finance office.

82000638	EMPLOYEE'S SIGNATURE	DATE
	PRINCIPAL/SUPERVISOR SIGNATURE	DATE

ELECTRONICALLY APPROVED

## REIMBURSEMENT SECTION - COMPLETE AFTER RETURNING FROM TRIP

MUST ATTACH RECEIPTS FOR PARKING, TOLLS, REGISTRATION FEES, LODGING, AND ALL MEALS!

DID YOU DRIVE? Check box: ☒ Yes ☐ No  
 MILEAGE-ROUND TRIP: 59.4 X STATE RATE: .41 \$ 24.35  
 TOLLS: \_\_\_\_\_ PARKING: \_\_\_\_\_ REGISTRATION FEES: \_\_\_\_\_ \$ \_\_\_\_\_

## OVERNIGHT TRIP:

LODGING \_\_\_\_\_ # OF DAYS \$ \_\_\_\_\_

MEAL LIMITS: BREAKFAST-\$10; LUNCH-\$15; DINNER-\$20 WITH ITEMIZED RECEIPTS. NO TIPS OR ALCOHOL.

DATE	BREAKFAST	\$	LUNCH	\$	DINNER	\$
DATE	BREAKFAST	\$	LUNCH	\$	DINNER	\$
DATE	BREAKFAST	\$	LUNCH	\$	DINNER	\$
DATE	BREAKFAST	\$	LUNCH	\$	DINNER	\$
DATE	BREAKFAST	\$	LUNCH	\$	DINNER	\$

FEB 27 2018

TOTAL CLAIM: \$ 24.35

I hereby certify that the above is a correct statement of the amount due from the Breathitt County Board of Education for travel expenses.

*Phillip Watts*  
 EMPLOYEE'S SIGNATURE

3-19-18  
 DATE

CONFIDENTIAL - SECURITY INFORMATION

## BREATHITT COUNTY SCHOOL DISTRICT

## OUT OF COUNTY - INDIVIDUAL TRAVEL REQUEST AND REIMBURSEMENT FORM

You must obtain approval 7 business days prior to the trip before expenses can be reimbursed.

NAME: Phillip Watts

PHYSICAL HOME ADDRESS:

MEETING /  
PURPOSE: Celebrating Educator and Student Success at the  
Capitol -KVECDESTINATION  
ADDRESS: Capitol, Frankfort, KY

MEETING DATE	DEPARTURE	Date	Time	RETURN	Date	Time
3/7/2018	3/7/2018	7:00 AM	3/7/2018	4:00 PM		

  

REGISTRATION FEE REQUIRED:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cost: \$	ESTIMATED TRIP COST  \$89.38
HOTEL REQUESTED: _____ # OF DAYS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Est. Cost: \$	
SUB TEACHER REQ. (APP. \$90. PER DAY):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Est. Cost: \$	
MEALS REQUESTED: _____ # OF DAYS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Est. Cost: \$	
MILEAGE REQUESTED: 218 X STATE RATE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cost: \$ \$89.38	

\*MILEAGE MUST BE SUPPORTED BY GOOGLE MAPS. ATTACH SUPPORTING DOCUMENTATION TO REQUEST.\*

SOURCE OF FUNDS:							
TITLE 1	PROF. DEV.	ESS	IDEA B	OTHER:			
TITLE 2	CTE	FRC/YSC	PRESCHOOL HAND.				
RURAL-LOW	KETS	GENERAL FUND	SBDM				
		X					

Purchase Order number assigned by finance office.

	EMPLOYEE'S SIGNATURE	DATE
	<i>Phillip Watts</i>	3-6-18
	PRINCIPAL/SUPERVISOR SIGNATURE	DATE

## REIMBURSEMENT SECTION - COMPLETE AFTER RETURNING FROM TRIP

MUST ATTACH RECEIPTS FOR PARKING, TOLLS, REGISTRATION FEES, LODGING, AND ALL MEALS!

DID YOU DRIVE? Check box: ☒ Yes ☐ No

MILEAGE-ROUND TRIP: 218 X STATE RATE: 41 \$ 89.38

TOLLS: \_\_\_\_\_ PARKING: \_\_\_\_\_ REGISTRATION FEES: \_\_\_\_\_ \$ \_\_\_\_\_

## OVERNIGHT TRIP:

LODGING \_\_\_\_\_ # OF DAYS \$ \_\_\_\_\_

MEAL LIMITS: BREAKFAST-\$10; LUNCH-\$15; DINNER-\$20 WITH ITEMIZED RECEIPTS. NO TIPS OR ALCOHOL.

DATE	BREAKFAST \$	LUNCH \$	DINNER \$
DATE	BREAKFAST \$	LUNCH \$	DINNER \$
DATE	BREAKFAST \$	LUNCH \$	DINNER \$
DATE	BREAKFAST \$	LUNCH \$	DINNER \$
DATE	BREAKFAST \$	LUNCH \$	DINNER \$

TOTAL CLAIM: \$ 89.38

I hereby certify that the above is a correct statement of the amount due from the Breathitt County Board of Education for travel expenses.

*Phillip Watts*

EMPLOYEE'S SIGNATURE

3-7-18

DATE

## BREATHITT COUNTY SCHOOL DISTRICT

## OUT OF COUNTY - INDIVIDUAL TRAVEL REQUEST AND REIMBURSEMENT FORM

You must obtain approval 7 business days prior to the trip before expenses can be reimbursed.

NAME: Phillip Watts

PHYSICAL HOME ADDRESS:

MEETING /  
PURPOSE:

KASA/KSBA Trainings/Meetings

DESTINATION

ADDRESS:

Galt House Hotel, Louisville, KY

MEETING DATE	Date	Time	DEPARTURE	Date	Time	RETURN	Date	Time
3/1/18-3/3/18	3/1/2018	5:45 AM		3/4/2018	12:30 PM			

REGISTRATION FEE REQUIRED:

☐ Yes ☒ No

Cost: \$

ESTIMATED  
TRIP COST

HOTEL REQUESTED: # OF DAYS

☐ Yes ☐ No

Est. Cost: \$

SUB TEACHER REQ. (APP. \$90. PER DAY):

☐ Yes ☒ No

Est. Cost: \$

MEALS REQUESTED: 4 # OF DAYS

☒ Yes ☐ No

Est. Cost: \$180.00

\$307.92

MILEAGE REQUESTED: 312 X STATE RATE

☒ Yes ☐ No

Cost: \$127.92

\*MILEAGE MUST BE SUPPORTED BY GOOGLE MAPS. ATTACH SUPPORTING DOCUMENTATION TO REQUEST.\*

SOURCE OF FUNDS:							
TITLE 1	PROF. DEV.	ESS	IDEA B	OTHER:			
TITLE 2	CTE	FRC/YS	PRESCHOOL HAND.				
RURAL-LOW	KETS	GENERAL FUND	SBDM				
		X					

Purchase Order number assigned by finance office.

82000639

EMPLOYEE'S SIGNATURE

P. Watts

DATE

2-27-18

PRINCIPAL/SUPERVISOR SIGNATURE

DATE

ELECTRONICALLY  
APPROVED

## REIMBURSEMENT SECTION - COMPLETE AFTER RETURNING FROM TRIP

MUST ATTACH RECEIPTS FOR PARKING, TOLLS, REGISTRATION FEES, LODGING, AND ALL MEALS!

DID YOU DRIVE? Check box: ☒ Yes ☐ No

MILEAGE-ROUND TRIP: 312 X STATE RATE: 41

\$127.92

TOLLS: PARKING: REGISTRATION FEES:

\$

## OVERNIGHT TRIP:

LODGING # OF DAYS

\$

MEAL LIMITS: BREAKFAST-\$10; LUNCH-\$15; DINNER-\$20 WITH ITEMIZED RECEIPTS. NO TIPS OR ALCOHOL.

DATE 3-1-18 BREAKFAST \$4.37 ✓

LUNCH \$

DINNER \$

DATE 3-2-18 BREAKFAST \$

LUNCH \$

DINNER \$20.00 ✓

DATE 3-3-18 BREAKFAST \$

LUNCH \$

DINNER \$20.00 ✓

DATE BREAKFAST \$

LUNCH \$

DINNER \$

DATE BREAKFAST \$

LUNCH \$

DINNER \$44.37

FEB 27 2018

TOTAL CLAIM: \$172.29 ✓

I hereby certify that the above is a correct statement of the amount due from the Breathitt County Board of Education for travel expenses.

P. Watts

EMPLOYEE'S SIGNATURE

3-8-18

DATE

