BREATHITT COUNTY SCHOOL DISTRICT

03.125 AP.2

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 Yates PHYSICAL HOME ADDRESS:

MEETING / PURPOSE: KASA Conference DESTINATION ADDRESS: Louisville, KY Galthouse

		Date	Time		Date	Time
MEETING DATE	7/25-27/18	DEPARTURE	8:00 PM	7/24	RETURN 7/27	5PM

					ESTIMATED TRIP COST
REGISTRATION FEE REQUIRED:		☑ Yes	☐ No	Cost: $	683.30
HOTEL REQUESTED:	3 # OF DAYS	☑ Yes	☐ No	Est. Cost: $ 0450	
SUB TEACHER REQ. (APP. $90. PER DAY):		☐ Yes	☑ No	Est. Cost: $	
MEALS REQUESTED:	3 # OF DAYS	☐ Yes	☐ No	Est. Cost: $ 100	
MILEAGE REQUESTED:	~~318~~ 310 X STATE RATE .43	☐ Yes	☐ No	Cost: $ ~~136.74~~ 133.30	

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

SOURCE OF FUNDS:

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

Purchase Order number assigned by finance office: 92000083

Phillip Yates — EMPLOYEE'S SIGNATURE — 7-24-18 DATE

PRINCIPAL/SUPERVISOR SIGNATURE: ELECTRONICALLY APPROVED — 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: 310 X STATE RATE: .43 $ 133.30

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	7-25-18	BREAKFAST $		LUNCH $		DINNER	$ 20.00 ✓	
DATE	7-26-18	BREAKFAST $		LUNCH $		DINNER	$ 20.00 ✓	
DATE	7-27-18	BREAKFAST $		LUNCH $	8.83 ✓	DINNER	$	
DATE		BREAKFAST $		LUNCH $		DINNER	$	
DATE		BREAKFAST $		LUNCH $		DINNER	$	$ 48.83 ✓

TOTAL CLAIM: $ 182.13

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 Yates — EMPLOYEE'S SIGNATURE — 9-2-18 DATE

Revised 08/22/2017

BREATHITT COUNTY SCHOOL DISTRICT

03.125 AP.2

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 Superintendent Training DESTINATION ADDRESS: KASA, 87C Michael Davenport Blvd.

	Date	Time		Date	Time
MEETING DATE: 7/17 - 7/18/18	DEPARTURE	7-17-18	5:00 AM	RETURN	7-18-18	6:00 PM

					ESTIMATED TRIP COST
REGISTRATION FEE REQUIRED:		☐ Yes	☐ No	Cost: $	
HOTEL REQUESTED:	1 # OF DAYS	☑ Yes	☐ No	Est. Cost: $ 125.89	
SUB TEACHER REQ. (APP. $90. PER DAY):		☐ Yes	☐ No	Est. Cost: $	218.77
MEALS REQUESTED:	# OF DAYS	☐ Yes	☐ No	Est. Cost: $	
MILEAGE REQUESTED:	216 X STATE RATE .43	☐ Yes	☐ No	Cost: $ 92.88	

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.

92000084

EMPLOYEE'S SIGNATURE ELECTRONICALLY DATE

PRINCIPAL/SUPERVISOR SIGNATURE APPROVED 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: 216 X STATE RATE: .43 $ 92.88

TOLLS: PARKING: REGISTRATION FEES: $

OVERNIGHT TRIP:

LODGING 1 # OF DAYS $ 125.89

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: $ 218.77

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 7-19-18

EMPLOYEE'S SIGNATURE DATE

Revised 08/22/2017

BREATHITT COUNTY SCHOOL DISTRICT

03.125 AP.2

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: [redacted]

MEETING / PURPOSE: Lawn Mower Purchase DESTINATION ADDRESS: Nicholasville KY

		Date	Time		Date	Time
MEETING DATE	7/10/18	DEPARTURE	7/10	9AM	RETURN 7/10	3PM

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: ____ # OF DAYS	☐ Yes	☐ No	Est. Cost: $		
MILEAGE REQUESTED: 202 X STATE RATE .43	☐ Yes	☐ No	Cost: $	86.86	

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.

9200044

EMPLOYEE'S SIGNATURE [signature] DATE 7-11-18

PRINCIPAL/SUPERVISOR SIGNATURE ELECTRONICALLY APPROVED 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: 202 X STATE RATE: .43 $ 86.86

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 $ ____	$ ____

JUL 11 2018

TOTAL CLAIM: $ 86.86

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

[signature] 7-11-18

EMPLOYEE'S SIGNATURE DATE

Revised 08/22/2017

BREATHITT COUNTY SCHOOL DISTRICT

03.125 AP.2

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: IRT Update DESTINATION ADDRESS: Lee Co High/Middle School

		Date	Time		Date	Time
MEETING DATE	6-23-18	DEPARTURE	6-23	8:00 AM	RETURN 6-23	1:00 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: # OF DAYS	☐ Yes	☐ No	Est. Cost: $		
MILEAGE REQUESTED: 51.4 X STATE RATE .41	☐ Yes	☐ No	Cost: $	21.07	

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.

92000042

EMPLOYEE'S SIGNATURE Phillip Watts DATE 7-11-18

PRINCIPAL/SUPERVISOR SIGNATURE ELECTRONICALLY APPROVED 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: _____ X STATE RATE: _____ $ _____

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 $	_____ $ _____

JUL 11 2018

TOTAL CLAIM: $ 21.07

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 7-11-18

EMPLOYEE'S SIGNATURE DATE

Revised 08/22/2017