

03,125 AP.22

Standard Invoice for Travel Expense

Please complete all requested information to expedite your reimbursement.

Name _____ ☐ Board Member ☐ Employee ☐ Itinerant Employee Date Submitted _____



Name _____
Home Address _____ City _____, State _____ ZIP _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		OVERNIGHT?		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Yes	No				
10/26	9:00	3:01	Indianapolis; FFA							15.00	
12/9	12:00		KASS; Lexington					235.62		15.62	
12/11		3:30									
TOTALS											
GRAND TOTAL:										250.62	

Overnight stay is required for meal reimbursement. Meals will be reimbursed at the per diem rate established by the Board.

Mileage will be reimbursed at 40¢ per mile. Please attach your Mapquest and all receipts for expense reimbursement. (meal receipts not required).

Mileage will be reimbursed at 48¢ per mile. Please attach your Mapquest and all receipts for expense reimbursement. (meal receipts not required).

Employee's Signature _____ Date _____
 Superintendent/Designee's Signature _____ Date 12/14/18

Office use: # of Breakfast _____ @ \$ _____ # of Lunch 2 @ \$ _____ # of Dinner 2 @ \$ _____

Total Meal Reimbursement \$

Review/Revised:8/26/13

Receipt

L/R #15
T/D #11
Entry Time
Exit Time
Parking Time
Parking Fee
A Payment No.0002698
Ticket No.005150
10/26/2018 (Fri) 11:39
10/26/2018 (Fri) 13:57
2:18
Rate A \$15.00

MASTERCARD
Account #
*****7803
Slip #
02833
Auth Code
000001941P
Credit Card Amount
\$15.00

Total
\$15.00

Thank You for Your Visit
Please Come Again !



Charles Adams
956 Normandy HS Rd
Taylorsville KY 40071
United States

Room No. : 315
Arrival : 12-09-18
Departure : 12-11-18
Page No. : 1 of 1
Folio No. :
Conf. No. : 46049163
Cashier No. : 4919

INFORMATION INVOICE

Membership No. : GR 6015995005117865
A/R Number :
Group Code :
Company Name :

12-11-18 01:23:57 AM EST

Date	Text	Charges	Credits
12-09-18	Room	99.00	
12-09-18	City Tourism Fee 8.5%	8.42	
12-09-18	State Tourism Fee 1%	0.99	
12-09-18	State Tax 6.75%	6.50	
12-10-18	Room	104.00	
12-10-18	City Tourism Fee 8.5%	8.84	
12-10-18	State Tourism Fee 1%	1.04	
12-10-18	State Tax 6.75%	6.83	
Total		235.62	0.00
Balance			235.62

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Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

Country Inn and Suites Lexington
2297 Executive Drive
Lexington, KY 40505
Phone: (859) 299-8844 Fax: (859) 299-9688
Email: ex_1xtn@countryinn.com