

Source of Funds

PROJECT

IN COUNTY TRAVEL INFORMATION

Month of **March** Year **2019**[illegible]

TOTAL MILE	22
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STATE R

\$ 7.80

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 OF EMPLOYEE

DATE _____

CHECK NO.

AMOUNT PD.:

DATE PAID:

APPROVED BY PRINCIPAL/SUPERVISOR

DATE _____

APPROVED BY SUPERINTENDENT

DATE _____

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:

KSBA

DESTINATION

ADDRESS: 140 N. Fourth St. Louisville, KY 40202

MEETING
DATE

02/22/19-02/23/19

DEPARTURE

Date

Time

2/22/2019 7:00a.m.

RETURN

Date

Time

2/23/2019 7:00P.M.

REGISTRATION FEE REQUIRED:

☐ Yes ☐ No

Cost: \$ 370.00

HOTEL REQUESTED: 1 # OF DAYS

☒ Yes ☐ No

Est. Cost: \$ 158.00

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

☐ Yes ☐ No

Est. Cost: \$

MEALS REQUESTED: 21 # OF DAYS

☐ Yes ☐ No

Est. Cost: \$ 45

MILEAGE REQUESTED: 312 X STATE RATE

☒ Yes ☐ No

Cost: \$ 131.04

ESTIMATED
TRIP COST

\$659.04

124.00

310

.40

124

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	

Purchase Order number assigned by finance office.

92000532

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: 310 X STATE RATE: .40

\$ 124.00

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 2/22/19 BREAKFAST \$ LUNCH \$ DINNER \$ 20.00

DATE BREAKFAST \$ LUNCH \$ DINNER \$

DATE BREAKFAST \$ LUNCH \$ DINNER \$

DATE BREAKFAST \$ LUNCH \$ DINNER \$ 20.00

JAN 23 2019

TOTAL CLAIM: \$ 144.00

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EMPLOYEE'S SIGNATURE

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