

PERSONNEL

03.125 AP.22

**Standard Invoice for Travel Expense**

Please complete all requested information to expedite your reimbursement.

Org \_\_\_\_\_ Object \_\_\_\_\_ Project \_\_\_\_\_

Name \_\_\_\_\_ ☐ Board Member ☐ Employee ☐ Itinerant Employee Date Submitted \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ ZIP \_\_\_\_\_

| DATE         | TIME   |        | LOCATION/PURPOSE  | MILEAGE    |           | OVERNIGHT? |    | LODGING | REGISTRATION | OTHER   | TOTAL  |
|--------------|--------|--------|-------------------|------------|-----------|------------|----|---------|--------------|---------|--------|
|              | Depart | Return |                   | # of Miles | \$ Amount | Yes        | No |         |              |         |        |
| 7/17         | 12:00  | 7:00   | Louisville - KASA |            |           |            |    |         |              | Parking | 6.00   |
| 7/18         | 9:00   | 4:30   | Louisville - KASA |            |           |            |    |         |              | Parking | 8.00   |
| 11/1         | 9:00   | 4:00   | Madison FFA Super |            |           |            |    |         |              | Parking | 25.00  |
| 11/23        | 9:30   | 5:30   | Louisville - KASA |            |           |            |    |         |              | Parking | 8.00   |
| 12/8-10      | 8:30   | 3:30   | Lexington - KASA  |            |           |            |    | ✓       |              |         | 235.22 |
|              |        |        |                   |            |           |            |    |         |              |         |        |
|              |        |        |                   |            |           |            |    |         |              |         |        |
|              |        |        |                   |            |           |            |    |         |              |         |        |
|              |        |        |                   |            |           |            |    |         |              |         |        |
| TOTALS       |        |        |                   |            |           |            |    |         |              |         |        |
| GRAND TOTAL: |        |        |                   |            |           |            |    |         |              |         |        |

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).

Employee's Signature \_\_\_\_\_ Date 12/11/19 Superintendent/Designee's Signature \_\_\_\_\_ Date 12/11/19

Office use: # of Breakfast \_\_\_\_\_ @ \$ \_\_\_\_\_ # of Lunch 1 @ \$ \_\_\_\_\_ # of Dinner 1 @ \$ \_\_\_\_\_

Total Meal Reimbursement \$ \_\_\_\_\_

Review/Revised 8/26/13

11/1 - FFA Indianapolis down town parking had no receipt paper available to document transaction. Individual on other end of automated speaker wasn't local.





**Chuck Adams**  
**956 Normandy Heights**  
**Taylorsville KY 40071**  
**United States**

Room No. : 304  
Arrival : 12-08-19  
Departure : 12-10-19  
Page No. : 1 of 1  
Folio No. :  
Conf. No. : 52325148  
Cashier No. : 4919

**INFORMATION INVOICE**

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

12-09-19 09:20:49 PM EST

| Date           | Text                  | Charges       | Credits       |
|----------------|-----------------------|---------------|---------------|
| 12-08-19       | Room                  | 98.70         |               |
| 12-08-19       | City Tourism Fee 8.5% | 8.39          |               |
| 12-08-19       | State Tourism Fee 1%  | 0.99          |               |
| 12-08-19       | State Tax 6.75%       | 6.48          |               |
| 12-09-19       | Room                  | 103.95        |               |
| 12-09-19       | City Tourism Fee 8.5% | 8.84          |               |
| 12-09-19       | State Tourism Fee 1%  | 1.04          |               |
| 12-09-19       | State Tax 6.75%       | 6.83          |               |
| <b>Total</b>   |                       | <b>235.22</b> | <b>0.00</b>   |
| <b>Balance</b> |                       |               | <b>235.22</b> |

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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 \_\_\_\_\_