03.125 AP.22

Standard Invoice for Travel Expense

Org Name	(ha	Object Project	Board M	ember 🗖	Emplo	yee 🔲	Itine rant Em	edite your rein	Submitted	
Home Address, StateZIP											
DATE	TIME		LO CATION/PURPOSE	MILEAGE		OVERNIGHT?		*			
27/		Return		# of Miles	\$ Amount	Yes	No	LODGING	REGISTRATION	OTHER	TOTAL
//30	7:30	4:50	Laisville 15/15/1							8.00	
						-					
TOTALS											
	GRAND TOTAL:										8.00
Overnight stay is required for meal reimbursement. Meals will be reimbursed at the per diem rate established by the Board.											
Mileage require	will be	re imbu	pred at 40¢ per mile. Please attac	h your M	apquest an	d all re	ceipts fo	r expense re	imburs e me nt.	inflead rece	9/4/20
Office use: # of Breakfast@ \$ # of Lunch@ \$ # of Dinner@\$											
Total Meal Reimbursement \$											

Review/Revised:8/26/13

PARKING AUTHORITY OF RIVER CITY

CITY OF LOUISVILLE
RIVERFRONT
GARAGE
RECEIPT L123
ENTRY TIME:
07/30/20 10:29
EXIT TIME:
07/30/20 12:32
PARK-DUR.: HRS: MIN
0:02:03

INSERT THIS END UP