

ESTILL COUNTY BOARD OF EDUCATION

TRAVEL VOUCHER

org _____ obj _____ proj _____ amt _____
org _____ obj _____ proj _____ amt _____

ALL INFORMATION MUST BE COMPLETED TO BE ACCEPTED FOR PAYMENT

INCOMPLETE FORMS WILL BE RETURNED.

Is this travel for a Professional Day? YES NO If yes, date of your Professional day _____ (attach copy of program cover or certificate of attendance)

Is this travel for Professional Development? YES NO Whole Day? Yes No Half Day? Yes No AM PM

NAME _____ WORKSTATION _____

HOME ADDRESS _____

DATE(S) OF TRAVEL _____ POSITION _____

WHAT DID YOU ATTEND: _____

SCHEDULED MEETING BEGINS AT _____ AM PM ENDS AT _____ AM PM

WHERE WAS IT HELD? BLDG. _____ CITY _____ STATE _____

ACCOMODATIONS (attach receipts) _____

MEALS (attach receipts) SUGGESTED AMOUNTS: BREAKFAST \$8.00 LUNCH \$10.00 DINNER \$18.00
MAXIMUM AMOUNT \$36.00 PER DAY INCLUDING TAX & TIPS

DAY #1	DATE _____	BREAKFAST \$ _____	LUNCH \$ _____	DINNER \$ _____	TOTAL DAY #1 \$ _____
DAY #2	DATE _____	BREAKFAST \$ _____	LUNCH \$ _____	DINNER \$ _____	TOTAL DAY #2 \$ _____
DAY #3	DATE _____	BREAKFAST \$ _____	LUNCH \$ _____	DINNER \$ _____	TOTAL DAY #3 \$ _____
DAY #4	DATE _____	BREAKFAST \$ _____	LUNCH \$ _____	DINNER \$ _____	TOTAL DAY #4 \$ _____
DAY #5	DATE _____	BREAKFAST \$ _____	LUNCH \$ _____	DINNER \$ _____	TOTAL DAY #5 \$ _____
					TOTAL MEALS \$ _____

TOTAL MILES _____ @ \$ _____ Click here for current rate TOTAL MILEAGE \$ _____

PARKING \$ _____ TOTAL PARKING \$ _____

OTHER AS APPROVED (attach receipts)

AMOUNTS \$ _____

AMOUNTS \$ _____

TOTAL AMOUNT I AM REQUESTING FOR REIMBURSEMENT \$ _____

I certify that the above expenses were incurred by me on behalf of the Estill Co.
Board of Education

DATE

SIGNATURE - EMPLOYEE

DATE

SIGNATURE - PROJECT/PROGRAM COORDINATOR

DATE

SIGNATURE - PRINCIPAL

DATE

SIGNATURE - FINANCE OFFICER