

# 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