

REIMBURSEMENT VOUCHER

FUND	UNIT	FUNCTION	PROGRAM	INST. LEVEL	PROJECT	WORKSITE	EMPLOYEE ID#

Name Misty Middleton ☐ Board Member ☒ Employee ☐ Itinerant Employee Date Submitted 8/5/22
 Home Address _____ City _____, State _____ Zip _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Meals	Tips*				
7/26	9:30		KASA - Galt	99							
7/30		2:00	House - Louisville	99							
Totals				198							
				2.53							
GRAND TOTAL:										104.94	

* Tips in excess of 15% of the cost of food will not be approved.

Mileage will be reimbursed at the rate approved by the Board.

Please attach all receipts for expense reimbursement. Reimbursement will be made monthly.

Misty Middleton 8/5/22
 Employee's Signature Date

[Signature]
 Signature of Superintendent/Designee

08/05/2022
 Date

Review/Revised: 2/25/09