REIMBURSEMENT VOUCHER

Depart Return	FUND	UNIT		FUNCTION	PRO	PROGRAM IN:		ST. LEVEL		PROJECT	WORKSITE		EMPLOYE	E ID#
DATE TIME LOCATION/PURPOSE MILEAGE FOOD LODGING REGISTRATION OTHER TOTAL														
Depart Return	Name _ Home A	Mist ddress	ty M	iddleton		□ Board	d Member	Emp	loyee [☐ <u>Itinerant</u> E				22
7/26 9:30 KASA-Galt 99 7/30 2:00 House - Louisville 99 Totals 198 * Tips in excess of 15% of the cost of food will not be approved.	DATE	TIME		LOCATION/PURPOSE		MILEAGE		FOOD		LODGIN	G REGISTR	REGISTRATION		TOTAL
* Tips in excess of 15% of the cost of food will not be approved.						of Miles	\$ Amount	Meals	Tips*					
* Tips in excess of 15% of the cost of food will not be approved.	7/26	9:30		KASA-Galt										
* Tips in excess of 15% of the cost of food will not be approved.			2:00	House - Louisn'l	1/e	99								
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* Tips in excess of 15% of the cost of food will not be approved.				100	<u></u>	0.53					GRA	GRAND TOTAL:		104.94
Wiley a will be not when and at the nate approved by the Pound	* Tips i	n excess	s of 15%	of the cost of food wi	ill not	be appro	oved.			,				
Mileage will be reimbursed at the rate approved by the Board.	Mileag	e will b	e reimb	ursed at the rate app	roved	l by the E	Board.		,)		. 1.1			
Please attach all receipts for expense reimbursement. Reimbursement will be made monthly.	Please a	attach a	ll receip	ots for expense reimbu	ırseme	ent. Reii	mburseme	nt will be	made i	nonthly.	11/1/11			1 /
Mistry Middleton 8/5/22 Employee's Signature Date Signature of Superintendent/designee Date	m	isty	-Mu	ddleton		8/5	/22	6	7	VInles	4-11017	6		08/05/20
Employee's Signature Date Signature of Superintendent/designee Date		O	Employ	ee's Signature		Da	te		1	Signature of Si	uperintendent/desi	gnee		Date