

Travel Expense Voucher

FUND	UNIT	FUNCTION	PROGRAM	INST. LEVEL	PROJECT	WORKSITE	EMPLOYEE ID#
Name <u>Sarah Wasson</u> ☐ Board Member ☒ Employee ☐ Itinerant Employee Date Submitted <u>9-16-22</u> Home Address <u>111 Maple St.</u> City <u>Stanley</u> State <u>KY</u> Zip <u>40380</u>							

[illegible]

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

Mileage will be reimbursed at ~~40¢~~ ^{53¢} per mile. Total food expenses will be reimbursed up to \$40.00 per day. Meals obtained on day trips are subject to federal and state taxes as well as teacher retirement in accordance with Board policy.

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

David A. Warner 9-16-22

Employee's Signature Date

Signature of Superintendent/designee *Date*

Review/Revised: 7/17/06