REIMBURSEMENT VOUCHER

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

Name Misty Middleton ☐ **Board Member** ☒ **Employee** ☐ **Itinerant Employee** **Date Submitted** 11/30/22
Home Address _____ **City** _____, **State** _____ **Zip** _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	$ Amount	Meals	Tips*				
10/31	10:00	5:00	Frankfort CSI Meeting	183 RT	X.46 $84.18						$84.18
			Totals	183	$84.18						
										GRAND TOTAL:	$84.18

*** 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 — *Employee's Signature*
11-30-22 — *Date*
_____ — *Signature of Superintendent/designee*
_____ — *Date*

Review/Revised:2/25/09