

**REIMBURSEMENT VOUCHER**

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

Name Misty Middleton ☐ Board Member ☒ Employee ☐ Itinerant Employee Date Submitted 03.01.2023  
 Home Address 207 Crestview Lane City Williamstown, State KY Zip 41097

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Meals	Tips*				
2.23.23	from work		Galt House - KSBA conference	101	\$44.44						\$44.44
2.26.23		to home	Galt House - KSBA conference	87	\$38.28						\$38.28
<b>Totals</b>				188	\$82.72						
<b>GRAND TOTAL:</b>											<b>\$82.72</b>

\* 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      3/1/23      \_\_\_\_\_      \_\_\_\_\_  
 Employee's Signature      Date      Signature of Superintendent/designee      Date

Review/Revised: 2/25/09