## REIMBURSEMENT VOUCHER

FUND	T	UNIT	FUNCTION	PROGRAM	INST	INST. LEVEL		ROJECT	WORKSITE		EMPLOYE	E ID#
Name Misty Middle ton												
DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGIN	G REGISTRATION		OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Meals	Tips*					
17/3	12:00		Embassy Suites	114								
19 23		5:00	Embassy Suites Louisville	114								
			NKCES Supt									
			NKCES Supt. Retreat/Meeting									
		1										
	1		Total	s 228								
GRAND TOTAL											OTAL:	\$102.60
Mileag Please	ge will l attach a	<i>be reim</i> all recei	% of the cost of food will bursed at the rate appropriate for expense reimburs.	oved by the	<i>Board</i> . eimbursem	ent will b	e made m	onthly.				
Misty Middleton 6/12/23 Employee's Signature Date S									Signature of Superintendent/designee			