REIMBURSEMENT VOUCHER

FUND U		UNIT	r FUNCTION		PROGRAM		INST. LEVEL		PROJECT	WORKSITE	EMPLOYEE ID#	
Name Home Ad	Mis Idress_	ty)	Middl	eton	Bo	ard Memb	er 🔼 Emp City	loyee	☐ <u>Itinerant</u> En	nployee Date Su	bmitted $\frac{9}{2}$	7 23
DATE	TI	TIME		LOCATION/PURPOSE		MILEAGE		OOD	LODGIN	IG REGISTRATI	ON OTHER	TOTAL
9/25/23	Depart	Return	KASS	Fall Suma	# of M: # 48	iles \$ Amo	unt Meals 16,94	Tips			20.32	20.32
9/26/23		3.00		igton, KY	48		10/1/	0.50			90.39	20 20
				Tota							44.16	44.16
	x.46								GRAND TOTAL:			
Mileage Please at	will be	<i>reimbu</i> itemize	ed receipt		oved by the reimburs	te Board. ement. Re $\frac{27}{2}$		nt will l	be made monthly			
Misty Middle Yor Employee's Signature						Date		Signature of Superintendent/designee				Date

Review/Revised:6/12/2023

000 2118 0580 473 GL