REIMBURSEMENT VOUCHER

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

Name Misty Middleton ☐ **Board Member** ☒ **Employee** ☐ **Itinerant Employee** **Date Submitted** 12/7/23

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*				
12/3/23	X		KASS CONFERENCE	105	$48.30						$48.30
12/5/23		X	Louisville, KY	105	$48.30						$48.30
			Totals	210	$96.60						
										GRAND TOTAL:	$96.60

*** Tips in excess of 20% of the cost of food will not be approved.**

Mileage will be reimbursed at the rate approved by the Board.

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

Employee's Signature *Date* *Signature of Superintendent/designee* *Date*

Review/Revised:6/12/2023

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