REIMBURSEMENT VOUCHER

| FUNI | UNIT | FUNCTION | PROGRAM | INS | INST. LEVEL | | PROJECT | | ORKSITE | EMPLOYE | SE ID# |
|----------------------|-------------------------------|--------------------------|----------------|--------------------------------------|-------------|-------------|--------------|-----------|--------------|----------|--------|
| | | | | | | | | | | | |
| Name Misty Middleton | | | | | | | | | | | 9/24 |
| Home A | ddress | | | Cit | t y | | | | State | Zip | |
| DATE | TIME | LOCATION/PURPOS | E MILE | MILEAGE | | OD | LODGING | | REGISTRATION | OTHER | TOTAL |
| | Depart Return | | # of Miles | \$ Amount | Meals | Tips* | | | | | |
| 2/14 | 5:30Am | AASA - San Die | 30 | | 4.96 - | | | | | 19.48 - | 24.44 |
| | | | ' | | 20,77. | 4.15. | | | | 30.00 | 54.92 |
| 2/15 | | AASA -San Die | au | | 21.24 | 3.79 | | | | | 25.03 |
| | | | , | | 25.86 | | | | | | 31.00 |
| 2/16 | | | | | 24.78 | 4.96 | | | | | 29.74 |
| | | | | | 36.64 | 7.33 | | | | | 43.97 |
| | | | | | | | | | | | |
| | | Tota | ls | | 134,25 | 25.37 | | | | 49,48 | 209.10 |
| GRAND TOTAL: | | | | | | | | | | | |
| * Tips ir | excess of 20% | of the cost of food will | not be approv | ed. | | | | | | | |
| Mileage | will be rei <mark>mb</mark> i | ursed at the rate appro | oved by the Bo | oard. | | | | | | | |
| Please a | ttach all itemize | ed receipts for expense | reimburseme | nt. Reimb | ursemen | t will be 1 | made monthly | '• | | | |
| *** | Employe | | ? | Signature of Superintendent/designee | | | | | | Date | |
| | | | | | | | | | | | |

Review/Revised:6/12/2023

0002118 0580 473GL

REIMBURSEMENT VOUCHER

| FUND | t | NIT | FUNCTION | PROGRAM | INS | INST. LEVEL | | PROJECT | WORKSITE | EMPLOYI | EE ID# |
|--|----------|---------|----------------------------|--------------|-----------|-------------|-------|---------|------------|------------|--------|
| | | | | | | | | | | | |
| Name Board Member | | | | | | | | | | | |
| DATE | ГЕ ТІМЕ | | LOCATION/PURPOSI | E MILI | MILEAGE | | OD | LODGIN | G REGISTRA | TION OTHER | TOTAL |
| | Depart | Return | | # of Miles | \$ Amount | Meals | Tips* | | | | |
| 2/11 | | | AASA | | | 23.17 | 4.60 | | | 16.92. | 44.69 |
| | | | | | | 11.85 | 2.37 | | | 17.16. | 31-38 |
| | | | | | | | | | | 2.50 | 2.50 |
| | | | | | | | | | | 30.00 | 30.00 |
| 2/18 | | 4:00 pm | | | | 12.75 | | | | | 12.75 |
| | | | | | | | | | | 15.94 | 15.94 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| - | | | Total | s | | 47.77 | 6.97 | | | 82.52 | 137.26 |
| GRAND TOTAL: | | | | | | | | | | | 346,36 |
| * Tips in | excess o | f 20% o | of the cost of food will i | not be appro | ved. | | | | | | |
| Mileage will be reimbursed at the rate approved by the Board. | | | | | | | | | | | |
| Please attach all itemized receipts for expense reimbursement. Reimbursement will be made monthly. Misty Muddle for 2/19/24 | | | | | | | | | | | |
| Employee's Signature Date Signature of Superintendent/designee | | | | | | | | re | Date | | |

Review/Revised:6/12/2023

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