

**REIMBURSEMENT VOUCHER**

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

Name Misty Middleton  Board Member  Employee  Itinerant Employee Date Submitted 3.4.24  
 Home Address 207 Crestview Lane City Williamstown, State KY Zip \_\_\_\_\_

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Meals	Tips*				
			KSBA Conference								
	2/29	3/2	to/from Galt House	185	\$ 79.55						\$ 79.55
3/1			Uber							\$ 17.23	\$ 17.23
3/1			Uber							\$ 11.70	\$ 11.70
<b>Totals</b>				<b>185</b>	<b>\$ 79.55</b>					<b>\$ 28.93</b>	
<b>GRAND TOTAL:</b>										<b>\$ 108.48</b>	

\* 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.

Misty Middleton 3/4/24  
 Employee's Signature Date Signature of Superintendent/designee Date

Review/Revised:6/12/2023

001.1071.0580