REIMBURSEMENT VOUCHER

FUND		UNIT	FUNCTION	PROGRAM	PROGRAM INST. LEVEL		,	PROJECT	WORKSITE	EMPLOY	EE ID#	
Name _/	Name Misty Middleton											
Home A	idress _				Ci	ty			, State	Z.ip		
DATE	DATE TIME		LOCATION/PURPOS	E MIL	MILEAGE		OD	LODGIN	NG REGISTRATI	ON OTHER	TOTAL	
	Depart	Return	a Marriot City Cen	# of Miles	\$ Amount	Meals	Tips*					
6/10/24	9:00		Lexington - KAS:	5 87		14.34	2.80					
6/11/24		1:00	Summit	87								
412/24	12:00		Louisville - NKCE	S 105								
6/14/24		4:00	Embassy Suites	105								
			Total		172.80	14.34	2.80				1	
				× .45			GRAND TOTAL:					
* Tips in	excess	of 20%	of the cost of food will	not be appro	ved.							
Mileage	will be	reimbu	rsed at the rate appro	ved by the B	oard.							
Please at	tach all	itemize	d receipts for expense	reimburseme	nt. Reimb	ursemen	t will be	made monthly	/.			
m	esty	me	adleton	4/1								
Misty Middleton Employee's Signature				Dat	e	Signature of Superintendent/designee					Date	

Review/Revised:6/12/2023

REIMBURSEMENT VOUCHER

Name Mi	stu Mi									E ID#
	OIU /VIII	adleton	☐ Board	Member	K Emple	vee 🗖 1	Itinerant En	nplovee Date	Submitted	
Name Misty Middleton										
DATE	TIME	LOCATION/PURPOSI	E MILI	MILEAGE		OD [LODGIN	IG REGISTRA	TION OTHER	TOTAL
De	epart Return		# of Miles	\$ Amount	Meals	Tips*				
July-23		1/2 of cell pho	one for	FY24					16.36	
Aug-23		/							16.36	
Aug-23 Sept-23									16.36	
oct-23									16.45	
Nov-23									16.45	
Dec-23									16.45	
Jan-24									16.45	
Feb-24									16.42	
Mar 24							_		16.42	
Apr 24									16.79	
May 24		Total	\$						16.79	
Apr. 24 16. 79 16										
* Tips in excess of 20% of the cost of food will not be approved.									198.	
Mileage wil	ill be reimbu	rsed at the rate appro	ved by the E	oard.						. •
		d receipts for expense	reimburseme	ent. Reiml	bursement	will be n	nade monthly	y.		
Musty	Funlova	Sletov e's Signature		to.		Cia	matura of Co	perintendent/designe	200	 Date

Review/Revised:6/12/2023

REIMBURSEMENT VOUCHER

FUND	UND UNIT		FUNCTION	PROGRAM INST		r. LEVEL		PROJECT	WORKSITE	EMPLOYEE ID#		
Name Misty Middleton Board Member Employee Itinerant Employee Date Submitted 7/11/24 Home Address 120 Main st City Newport, State Ky Zip 4107/												
DATE	TE TIME		LOCATION/PURPOS	E MILI	EAGE	FOOD		LODGIN	IG REGISTRATI	ON OTHER	TOTAL	
	Depart	Return	0 0 0	# of Miles	\$ Amount	Meals	Tips*					
7/5/24	8:00	9:00	Sams-Stuff for	26								
•												
7/7/24	1:00		West Chester -	23								
7/9/24		3:30	Retreat	23								
,												
		l,	Total	s 72	32.40							
* Tips in excess of 20% of the cost of food will not be approved.												
Mileage	Mileage will be reimbursed at the rate approved by the Board.											
Please attach all itemized receipts for expense reimbursement. Reimbursement will be made monthly.												
Mistix Meddelfor 7/11/24												
Employee's Signature				Date	2	Signature of Superintendent/designee				(V	Date	

Review/Revised:6/12/2023

000 2118 0580 473GL