

REIMBURSEMENT VOUCHER

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

Name Misty Middleton Board Member Employee Itinerant Employee Date Submitted 9/9/2024
Home Address 120 Main Street # 323 City Newport State KY Zip 41071

| DATE | TIME | | LOCATION/PURPOSE | MILEAGE | | FOOD | | LODGING | REGISTRATION | OTHER | TOTAL |
|---------------------|---------|--------|-------------------|------------|-----------|---------|--------|---------|--------------|--------|----------|
| | Depart | Return | | # of Miles | \$ Amount | Meals | Tips* | | | | |
| | 9/3/24 | 9/4/24 | KASS FALL SUMMIT | 171.4 | \$77.13 | | | | | | \$77.13 |
| | 9/4/24 | | Outback - meal | | | \$23.09 | \$4.60 | | | | \$27.69 |
| | 8/20/24 | | Parking - meeting | | | | | | | \$6.00 | \$6.00 |
| | | | Totals | | | | | | | | |
| GRAND TOTAL: | | | | | | | | | | | \$110.82 |

* 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 *Misty Middleton* 9/10/24
Signature of Superintendent/designee Date

Review/Revised:6/12/2023

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