Floyd County Schools

Superintendents Travel & Timesheet

For the Month Ending in August 2024

Presented to the Floyd County Board of Education, meeting in Regular session September 23, 2024

	Salaı	C= Contract NC= Non Contract P= Personal S= Sick E= Emergency				
Employee Number	/	. 1	STRICT	H= Holiday SC= School Closed		
Employee Name	LARRY &	to move		Month/Year 🔏 🕹 د		PD= Professional JD= Jury Duty
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	- DAY	Bay	DAY	DAY
	<u> </u>					
DAY	DAY	DAY 12	PAY 73	DAY /1	/SAY	DAY
	C	С	<u> </u>	C	C	
DAY	DAY	DAY	DAY 188	10	2 ^A 6	DAY
	C		<u>C</u>			
PAY DAY	DAY 2,	DAY 22	DAY 23	DAY 24 -	DAY 25	DAY
	\mathbb{C}	C		C	C	
DAY	DAY スト	DAY 27	DAY	DAY 2_9	DAY Fo	DAY
	C	C	C	C	C	
DAY	DAY	. DAY	DAY	DAY	DAY	DAY
	· · · · · · · · · · · · · · · · · · ·			•		
		nave provided is true and, t have provided information				THIS Period TOTAL YTE
Employee Signature	Lany F	themon	Date	8/30/24	Total Contract Days Total Holidays	
					Total PD Days	
Supervisor Signature Date					Total Sick Days Total Personal Days	0 45
77). 1		naa Blaga till askils		votum it as diseased	Total Emergency	
This affidavit is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principals/Director/Supervisor.					Total Paid Days Total Non-Centract	

by the Principals/Director/Supervisor.

Travel Request Form Floyd County Schools									
				i loya county octions	SS NIT				
Name	Larry Hamr	nond			165				
				Employee School/Location			:		
	Central Offi	ice/Easterr							
			Go	onference/Workshop, City & State					
			's Summit/Lexi						
	09/04/24	TIME	i	TRAVEL LOCATIONS					
DEPARTURE RETURN			FROM TO						
	INIS CODIN	lG		LevinAru					
ORG	OBJECT	PROJECT	DISCRIPTION]			
0011075	0580		TRAVEL						
	0585		SUBSISTE	VCE		1			
	0586		LODGING		-	1			
			OTHER			1			
		E		mployee Expenditure Reimbur	sement	· · · · · · · · · · · · · · · · · · ·			
						ENTER MILES OR NUMBER OF DAYS	Amounts requested		
Mileage (@	② \$ 0.45 per	· mile)		MILEAGE RATE(7-01-24 THRU 9-30-24	\$ 0.45				
Bus/Airfar	·e			Amount Per Da	ıy				
Subsisten	CE (Overnight st	ay required)		Amount Per Da	ау				
Lodging (D	o not include direc	t billing to BOE)	Amount Per Da	ту				
Miscellane	eous Reimb	oursable E	xpenses		- 1		\$ 20.00		
		<u>-</u>		TOTAL ESTIMATED EX	PENSES TO BE	REIMBURSED	\$ 20.00		
			Staten	nent of Rationale for Attendan	ce				
		···	· ·						
						····			
									
			<u>.</u>		 				
				-					
	·				 	. v			
ر ا			*			\mathcal{C}	2/./		
Lany Bothman						16/24			
Signature of Applicant Date									
ľ									
Signature of Superintendent/Designee						Date			
 (A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M\$12.00 (B) LUNCH AUTHORIZED TRAVEL 11:00 A.M. THROUGH 2:00 P.M\$15.00 (C) DINNER AUTHORIZED TRAVEL 5:00 P.M. THROUGH 9:00 P.M\$23.00 (D) Save receipts for tolls, parking, fees, etc over \$2.00 and lodging receipts for attachment of expense reimbursement form. (E) Expense reimbursement forms must be submitted for payment no later than 45 days after travel has been completed. 									

FLOYD COUN	TY SCHOOLS TRAVE	L EXPENSE VOUCHER	(PAGE	TWO)	Second St. Second
Name	- Physical Control of the Control of	gandiconegringh.			
Home Address				The state of the s	
City		STATE	ZIP		
Date	Descri	iption of Expense		Amou	
9/4/2024	Parking			\$	14.00
9/5/2024	Parking			\$	6.00
3					
		(*Item	"B" on Front)	\$	20.00
(1) Legibly printed	in ink or typed via the MS Exc		o na manada de la casa	ngga na Sistem 198 di Nasara Tanah Sistem Nasara	
(2) All mileage reco	Desci orded on form:	ription of Expense	MAR THE WEST WAS TO BE VISIONED TOR	Amo	
(3) All receipts atta	ched that are to be reimburse	d, if applicable.			
(4) All totals of exp	enses are to be added.				
(5) Attach Travel R	equest Form (if applicable) an	d/or approved Purchase Order.			
(6) Grand total of r reads "GRAND TO	eimbursement shall be listed TAL TO BE REIMBURSED"	on page 1 of TRAVEL EXPENSE \	OUCHEF	Runder section t	that
(7) Signature and (date required of traveler.				
(8) Approval of Su	pervisor and Central Office de	esignee.			
A Board employee traveling in Kentuc	e shall be eligible for reimburs cky if his authorized work requ	ement for subsistence for breakfa uires an overnight absence.	st, lunch,	or dinner while	

(A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M.--\$8.00

(B) LUNCH AUTHORIZED TRAVEL 11:00 A.M. THROUGH 2:00 P.M.--\$10.00

(C) DINNER AUTHORIZED TRAVEL 5:00 P.M. THROUGH 9:00 P.M.--\$18.00

MILEAGE WILL BE REIMBURSED AT THE RATE OF \$.45 PER MILE AS OF JULY 01, 2024.

(1) At a destination more than forty (40) miles from his/her work station and home;

(2) During the mealtime hours established below:

Receipt

LFC

_fc7745182f2b Ticket ID: Transaction ID:

Standard Rates

Total:

Account #:

Auth Code #:

Sequence #:

MERCHANT

PAN SEQ Number

AUTHORIZATION

REFERENCE PURCHASE

VISA

RRN

TOTAL

Credit Card Amount:

Rate: Standard Rates
Device: Main St. Exit PIL
Entry Time: 09/04/2024 11:07 AM
Exit Time: 09/04/2024 04:44 PM
Parkins Time: 00d 05h:37m:11s

Parkins Fee:

6% KY Parkins Tax 6.0%

Payment Method:

---- ******99711 04 Sep 24 16:45___

ICC CONTACT AID
APP LABEL VISA UNLUL.
************4326 A0000000031010

40486560

\$13.21

\$0.79

\$14.00

Credit

4326

03502D

\$14.00

000015692

USD14.00 USD14.00

NO CARDHOLDER VERIFICATION

SP÷

APPROVED

Receipt

LFC

60df3fb67a48

40621235

\$5.67

10.33

\$6.00

Credit

4326

06566D

000015825

\$6,00

Standard Rates Rate: Main St. Exit PIL Device: Entry Time: 09/05/2024 08:21 AM 09/05/2024 09:59 AM Exit Time: Parkins Time: 00d 01h:37m:15s Parkins Fee: 6% KY Parkins Tax 6.0% Total:

Ticket ID:

Account #:

Sequence #:

MERCHANT

VISA

CARD

RRN

TOTAL

PAN SEQ Number

AUTHORIZATION

REFERENCE PURCHASE

AID

Transaction ID:

Payment Method:

VISA Auth Code #: Credit Card Amount: *----*

05 Sep 24 09:59 A0000000031010 APP LABEL

APPROVED

NO CARDHOLDER VERIFICATION

SP+

******99711

CONTACTLESS VISA CREDIT **********4326 000721648522

USD6.00

06566D 023638 USD6.00