REIMBURSEMENT VOUCHER

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

Name Misty Middleton ☐ **Board Member** ☒ **Employee** ☐ **Itinerant Employee** **Date Submitted** 9/20/24
Home Address _____ **City** _____, **State** _____ **Zip** _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	$ Amount	Meals	Tips*				
9/19/24	2:45	6:00	Pendleton Hills Sr. Golf Recognition + Match	60 x 45							
			Totals	27.00							
										GRAND TOTAL:	27.00

*** 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 9/20/24

Employee's Signature *Date* *Signature of Superintendent/designee* *Date*

Review/Revised:6/12/2023