PERSONNEL 03.125 AP.22

REIMBURSEMENT VOUCHER

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

Board Member X-Employee Itinerant Employee Name MISTY MIDDLETON **Date Submitted 02.25.2025** City NEWPORT State KY Zip 40202 **Home Address** 120 MAIN STREET LOCATION/PURPOSE MILEAGE LODGING OTHER DATE TIME **FOOD** REGISTRATION **TOTAL** Depart # of Miles \$ Amount Meals Return Tips* KSBA CONF LOUISVILLE 103 44.29 2/20/2025 44.29 KSBA CONF LOUISVILLE 103 44.29 2/23/2025 X 44.29 \$ \$ \$ \$ Totals 206 88.58 0 0 0 88.58 **GRAND TOTAL:** 88.58

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

Signature of Superintendent/designee

Review/Revised:6/12/2023

^{*} Tips in excess of 20% of the cost of food will not be approved.