

03.125 AP.22

## REIMBURSEMENT VOUCHER

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

<b>Name</b>	<b>MISTY MIDDLETON</b>	<b>Board Member</b>	<b>X-Employee</b>	<b>Itinerant Employee</b>	<b>Date Submitted</b>	<b>02.25.2025</b>
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Home Address	120 MAIN STREET	City	NEWPORT	State	KY	Zip	40202
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[illegible]

**\* 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 \_\_\_\_\_

*Signature of Superintendent/designee*

Date \_\_\_\_\_

Review/Revised:6/12/2023