Travel Reimbursement/Purchase Claim and Guidelines

NAME: Aaron Harrell **POSITION:** ____________

SCHOOL/LOCATION: CO **DATE:** 4/16/25

REASON FOR TRAVEL: Regional Partnership meeting / WKEC

A. TRAVEL TO APPROVED CONFERENCES AND MEETINGS

Date	Conference/Meeting & Location	Number of miles (Reimbursed at State rate)	Meals $30 day per diem (Receipts not required)	Other (explain on back)	Room	Reg. Fees	Parking/ Tolls*	Total
4/14	Madisonville	50						35.00
~~4/23~~	~~WKEC Eddyville~~	~~114~~		Had WK hours				~~79.80~~
4/16	Madisonville Excellence in Teaching	50 awards						35.00
	Section A – Sub Totals							
							TOTAL A	~~149.80~~ $70.00

*Tolls (none for District vehicles being operated in state in an official capacity)

B. OTHER APPROVED TRAVEL

Date	Person/Place Visited	Purpose of Trip	Other (explain on back)	Number of Miles	Parking and/or Tolls*	Total
	Section B – Sub Totals					
					TOTAL B	

Employee's Signature A Harrell **TOTAL** ~~149.80~~ $70.00

Supervisor's Signature ____________