

PERSONNEL

03.125 AP.22

REIMBURSEMENT VOUCHER

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

NAME **Misty Middleton** Board Member Employee Itinerant Employee DATE SUBMITTED **6/16/2025**

HOME
ADDRESS

CITY

STATE

ZIP

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Meals	Tips*				
	6/9/25	6/10/25	KASS conference - Lexington	111	\$46.62						\$ 46.62
											\$ -
	6/11/25	6/13/25	NKCES - Superintendent Retreat - Louisville	191.8	\$80.56						\$ 80.56
											\$ -
											\$ -
											\$ -
											\$ -
Totals				302.8	\$ 127.18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 127.18
GRAND TOTAL:											\$ 127.18

* 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