

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

Name Misty Middleton ☐ Board Member ☒ Employee ☐ Itinerant Employee Date Submitted 10/1/2025  
Home Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Meals	Tips*				
	9/15/25	9/16/25	KASS conference, Lexington	111	47.73						47.73
	9/29/25	9/29/25	Ignite Institute - NKYEC	34	14.62						14.62
			Fall Convening								
Totals				145	62.35						
GRAND TOTAL:											\$62.35

**Please attach all itemized receipts for expense reimbursement. Reimbursement will be made monthly.**

Date \_\_\_\_\_

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