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**

HOME ADDRESS **2653 Knoxville-Gardnersville Road** **CITY** **Williamstown** **STATE** **KY** **ZIP** **41097**

DATE	TIME		LOCATION/PURPOSE	MILEAGE x .43		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	$ Amount	Meals	Tips*				
11/20/2025	11/20		Bluegrass Risk Management Meeting	82.2	$ 35.34					Parking $11.00	$ 46.34
		11/20	Bluegrass Risk Management Meeting	84.4	$ 36.29						$ 36.29
12/7/2025	12/7		2025 KASS Conference	95.5	$ 41.06						$ 41.06
		12/9	2025 KASS Conference	95.5	$ 41.06						$ 41.06
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
			Totals	357.6	$ 153.75	$ -	$ -	$ -	$ -	$ 11.00	$ 164.75
										GRAND TOTAL:	**$ 164.75**

*** 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.

Superintendent's Signature ***Date*** ***Board Chairperson's Signature*** ***Date***

Review/Revised:6/12/2023