TRAVEL EXPENSE VOUCHER/Same Day Travel

NAME – Sharla Six			Title of Position - Superintendent			
Department AISD			Location Number 010		Date this Submission 04/13/26	
Unit (i.e., Athletics, Spec. Educ., Board, School)			Account No.		Month of:	
DATE	FROM	TO	PRIVATE AUTO		OTHER*	TOTAL
			MILES	CHARGE		
03/28/26	Frankfort	Cincinnati Art Center – Auschwitz Exhibit	80.3	$0.00		$33.73
03/28/26	Cincinnati	Frankfort – return trip	80.3	$0.00		$33.72
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
		SUBTOTAL	0	$0.00	$0.00	$67.45
Round Trip from Home	No. of Trips					
		Less Round Trips from Home to School	0	$0.00		$0.00
		TOTALS	0	$0.00	$0.00	$67.45

License No. of Automobile Owned and Used by Claimant

I hereby certify that all items of expense included in the above statement were incurred in the discharge of official business; that they are proper charges against the Anchorage Board of Education; that any private auto allowance claimed covers use of the automobile owned by me, identified herein by license number; and that all data furnished herewith is true and correct to the best of my knowledge.

Signed (Claimant) Sharla Six — **Full Home Address of Claimant** 1123 Richlieu Lane Frankfort, KY 40601

Approved — **Date** 4-16-26

Review/Revised:7/28/14