

TRAVEL EXPENSE VOUCHER/Overnight Travel

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

Name Sharla Six Board Member Employee Itinerant Employee Date Submitted _____
 Home Address _____ City _____, State _____ Zip _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Meals	Tips*				
3/18-3/20/26			ELF Conf.					\$665.97	\$399.00 *		\$1064.97
2/19-2/20/26			New Supt. Training					\$202.60	Ø		\$202.60
12/7-12/9/25			KASS Annual Conf.					\$489.24	Ø		\$489.24
11-11-11/12/25			New Supt. Training					\$155.35			\$155.35
11-6-25			Village Anchor - elective			\$291	\$45	Ø	Ø		\$336.00
Totals											
GRAND TOTAL:											\$1,849.16

* Tips in excess of 15% of the cost of food will not be approved.

Mileage will be reimbursed at the state mileage reimbursement rate in effect on July 1 of each fiscal year.

Please attach all receipts for expense reimbursement. With the exception of meals, receipts will be required for all expenditures in excess of \$2.00.

Reimbursement will be made monthly other, specify None to Supt. Six directly - APTA will be refunding

Sharla Six
Employee's Signature

4-20-26
Date

Signature of Superintendent/designee

Date

* ELF Conference fee reimbursed by KASA. as it was included in New Supt. cohort. HJA



LEXINGTON MARRIOTT CITY CENTER

GUEST FOLIO

720	SIX/SHARLA	259.00	03/20/26	11:01	45509
ROOM	NAME	RATE	DEPART	TIME	ACCT#
GK	1123 RICHLIEV LANE		03/18/26	23:31	
TYPE	FRANKFORT KY 40601		ARRIVE	TIME	
150					
ROOM		VSXXXXXXXXXXXX6780			MRW#:
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	
03/18	ROOM 720, 1	309.00			
03/18	CITYTAX 720, 1	26.27			
03/18	STOCCTAX 720, 1	3.09			
03/19	ROOM 720, 1	259.00			
03/19	CITYTAX 720, 1	22.02			
03/19	STOCCTAX 720, 1	2.59			
03/20	SELPARK #4550901	22.00			
03/20	SELPARK BSD	22.00			
03/20	CCARD-VS		665.97		
	PAYMENT RECEIVED BY: VISA	XXXXXXXXXXXX6780			.00

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LEXINGTON MARRIOTT CITY CENTER
121 WEST VINE STREET
LEXINGTON KY 40507
859-253-1000 / 859-253-1005

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X



Kentucky Association of School Administrators

87 C Michael Davenport Blvd
Frankfort, KY 40601

INVOICE

Invoice Number: R237587

Bill To: Ms. Sharla Six
Anchorage Ind Schools
11400 Ridge Rd
Louisville, KY 40223-2444
UNITED STATES

Ship To: Ms. Sharla Six
Anchorage Ind Schools
11400 Ridge Rd
Louisville, KY 40223-2444
UNITED STATES

Account No.	Purchase Order No.	Order Date	Order Number	Terms	Invoice Date
13800	63826	3/5/2026	90620.00	Net 30	3/5/2026

Qty	Description	Unit Price	Extended Price
1	Education Law & Finance Institute March 19-20, 2026 3/19/2026 - 3/20/2026 Lexington ELFINS26/MAINREG - Main Registration	399.00	399.00

Line Item Total	Other	Tax	Subtotal	Amount Received	Amount Due
399.00		0.00	399.00	399.00	0.00

The
GALT HOUSE

Registry - HOTEL - Louisville

140 N 4th St.
Louisville, KY 40202
Tel: (502)589-5200 Fax: (502)585-4266

INVOICE

Arrival : 02-19-26
Departure : 02-20-26
Company Name : Kentucky School Boards Association
Sharla Six
1123 Richliev Lane
Frankfort KY 40601
United States

Folio / Invoice # : 884788 /
Reference # : 88509EE626092
Room No. : 1409
Page No. : 1 of 1
Membership No. : 224927039J
Conf. No. : 1285421
Cashier No. : 454
A/R Number :

Date	Description	Reference	Charges	Credits
02-19-26	Group Room		160.00	
02-19-26	Local Transient Fee 8.5%		13.60	
02-19-26	State Transient Fee 1%		1.60	
02-19-26	TID Fee 1.5%		2.40	
02-20-26	Parking-Self		25.00	
02-20-26	Visa Card	XXXXXXXXXXXX6780 XX/XX		202.60
Total			202.60	202.60
Balance				0.00

Please contact the Hotel Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-946-4283 or write to Wyndham Worldwide Hotels, Inc. 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.



LOUISVILLE MARRIOTT DOWNTOWN

GUEST FOLIO

328	SIX/S	179.00	12/09/25	11:00	25156	17092
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
NKNG	ANCHORAGE PUBLIC SCH		12/07/25	14:54		
TYPE			ARRIVE	TIME		
95						
ROOM	ADDRESS	PAYMENT			MBV#:	XXXXX6938
CLERK						

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
12/07	SLFPARK #2515658	.00		
12/07	SLFPARK 12/07/25	40.00		
12/07	ROOM 328, 1	179.00		
12/07	SALE TAX 328, 1	11.92		
12/07	OCC TAX 328, 1	15.22		
12/07	HOSP TAX 328, 1	1.79		
12/07	TID TAX 328, 1	2.69		
12/08	SLFPARK 12/08/25	40.00		
12/08	SLFPARK #2515658	.00		
12/08	ROOM 328, 1	179.00		
12/08	SALE TAX 328, 1	11.92		
12/08	OCC TAX 328, 1	15.22		
12/08	HOSP TAX 328, 1	1.79		
12/08	TID TAX 328, 1	2.69		
12/09	VS CARD			\$501.24

TO BE SETTLED TO: VISA CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

Billed card \$489.24

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KASS Annual Conference

Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy Account Statement for updated activity. See members.marriott.com for new Marriott Bonvoy benefits.



LOUISVILLE MARRIOTT DOWNTOWN
280 W. JEFFERSON
LOUISVILLE KY 40202
502-627-5045 FAX: 502-627-5044

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the references column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X



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11-12-25

Sharla Six 11400 Ridge Road Anchorage 40223 United States	Folio No. :	142916	Room No. :	208
	A/R Number :		Arrival :	11-11-25
	Group Code :		Departure :	11-12-25
	Company :	Anchorage Independent School	Conf. No. :	47088581
	Membership No. :	PC 326899151	Rate Code :	IDME0
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
11-11-25	Room Charge	149.38	
11-11-25	Transient Tax - City 3%	4.48	
11-11-25	Transient Tax - State 1%	1.49	
11-12-25	Visa		155.35
	XXXXXXXXXXXX6780		

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihgrewardsclub.com/review. We look forward to welcoming you back soon.

Total	155.35	155.35
Balance	0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express & Suites Elizabethtown North
 130 The Loop
 Elizabethtown, Kentucky 42701
 Telephone: (270)982-9466 Fax: (270)982-9467

Owned and Operated by HI-ETown.



The Village Anchor
11507 Park Road
Louisville, KY 40223

Server: Charlie D
Check #2 Table P31
Guest Count: 13
Tax Exempt
Ordered: 11/6/25 11:42 AM

Pick-Three	\$22.00
Sweet Potato Fries	
The Hotter Brown	\$23.00
5 Pick-Three	\$100.00
4 Pink Lemonade	\$16.00
2 Giant Pretzel	\$30.00
Chili Cup	\$9.00
2 Caesar Salad (Small)	\$14.00
3 Side Sweet Potato Fries	\$27.00
Sweet Tea	\$4.00
Diet Coke	\$4.00
BLT & A	\$15.00
Blackened Fish Tacos (2)	\$17.00
Subtotal	\$291.00
Total	\$291.00

Suggested Tip:

18%: (Tip \$52.38 Total \$343.38)
20%: (Tip \$58.20 Total \$349.20)
25%: (Tip \$72.75 Total \$363.75)

Tip percentages are based on the check price after taxes.

Let us handle Thanksgiving for you this year. Less stress and more fun for you!

The Village Anchor
11507 Park Road
Louisville, KY 40223

Server: Charlie D
Check #2 Table P31
Guest Count: 13
Tax Exempt
Ordered: 11/6/25 11:42 AM

Input Type C (EMV Chip Read)
VISA CREDIT xxxxxxxx6780
Time 12:51 PM

Transaction Type Sale
Authorization Approved
Approval Code 13213G
Payment ID YJFn7LNfmkCx
Application ID A0000000031010
Application Label VISA CREDIT
Terminal ID
Card Reader BBPOS

Amount \$291.00

+ Tip: 45.00

= Total: 336.00

X *Sharla M Six*
SHARLA M SIX

Suggested Tip:

18%: (Tip \$52.38 Total \$343.38)
20%: (Tip \$58.20 Total \$349.20)
25%: (Tip \$72.75 Total \$363.75)

Tip percentages are based on the check price after taxes.

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