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 2563 Knoxville/Gardnersville Road **CITY** Williamstown **STATE** KY **ZIP** 41097

DATE	TIME		LOCATION/PURPOSE	MILEAGE x .47		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	$ Amount	Meals	Tips*				
4/22/2026	4/22		SBDM Coordinator Training - KDE Building	68.4	$32.15						$ 32.15
		4/22	return trip to BBE from KDE building	91.1	$42.82						$ 42.82
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
			Totals	159.5	$ 74.97	$ -	$ -	$ -	$ -		$ 74.97
										GRAND TOTAL:	$ 74.97

*** 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.

Misty Middleton 4/27/26

Superintendent Signature ***Date*** ***Board Chairperson Signature*** ***Date***

Review/Revised:6/12/2023

001·1075·0580