TRAVEL CLAIM

NAME: Ryan Neaves **POSITION** Superintendent **MONTH ENDING** 7/27/2026

DATE	FROM	TO	PURPOSE	PRIVATE AUTO		TOLL/PARKING	MEALS (See page 2)			MEAL TIPS			
				MILES	AMOUNT		B	L	D		ROOM	OTHER	TOTAL
7/20/2026	304 Cynthiana St., Williamstown KY	140 N Fourth St, Louisville, KY 40202	KACTE Conference	104	48.88								
7/20/2026	140 N Fourth St, Louisville, KY 40202	304 Cynthiana St., Williamstown KY	KACTE Conference	98	46.06								
7/21/2026	304 Cynthiana St., Williamstown KY	140 N Fourth St, Louisville, KY 40202	KACTE Conference	99	46.53								
7/21/2026	140 N Fourth St, Louisville, KY 40202	304 Cynthiana St., Williamstown KY	KACTE Conference	106	49.82								
					191.29								191.29

Meals
Breakfast
Lunch

Normal
$10.00 plus tip (18%)
$15.00 plus tip (18%) **OR** Daily Total of $50.00

High-Rate Area
Breakfast $15.00 plus tip (18%)
Lunch $25.00 plus tip (18%) Daily Total of $75.00

Dinner	$25.00 plus tip (18%) Delivery fee up to $10	Dinner	$35.00 plus tip (18%) Delivery fee up to $10

I hereby certify that all items of expense included in the above statement were incurred by an employee of the Berea Independent Board of Education in the discharge of official business; that they are proper charges against the Berea Independent Board of Education; and that all data furnished herewith are true and correct to the best of my knowledge. **Expense receipts must be itemized. A credit card receipt is not reimbursable with itemization.** An overnight stay is required to claim meals.

Purchase Order Number: 20270003

Signed: _____ **Date:** _____ **Approved** _____ **Date:** _____

_____ _____ _____ _____

Employee's Signature ***Date*** ***Signature of Superintendent/designee*** ***Date***

Review/Revised:5/20/2024