TRAVEL CLAIM

NAME: Ryan Neaves **POSITION** Superintendent **MONTH ENDING** 08/2026

DATE	FROM	TO	PURPOSE	PRIVATE AUTO		TOLL/PARKING	MEALS (See page 2)			MEAL TIPS			
				MILES	AMOUNT		B	L	D		ROOM	OTHER	TOTAL
7/29/2026	304 Cynthiana St., Williamstown KY	140 N Fourth St, Louisville, KY 40202	KASA ALI Conference	102.1	47.99								
7/29/2026	140 N Fourth St, Louisville, KY 40202	304 Cynthiana St., Williamstown KY	KASA ALI Conference	99.3	46.67								
7/30/2026	304 Cynthiana St., Williamstown KY	140 N Fourth St, Louisville, KY 40202	KASA ALI Conference	98.7	46.39								
7/30/2026	140 N Fourth St, Louisville, KY 40202	304 Cynthiana St., Williamstown KY	KASA ALI Conference	103.2	48.50								
					189.55								189.55

Meals

	Normal		High-Rate Area	
Breakfast	$10.00 plus tip (18%)		Breakfast	$15.00 plus tip (18%)
Lunch	$15.00 plus tip (18%)	**OR** Daily Total of $50.00	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: _____

Signed: _____ Date: _____ Approved _____ Date: _____

_____ _____ _____ _____

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

Review/Revised:5/20/2024