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** 9/11/2026

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*				
9/8 - 9/9	9/8	9/9	Lexington Marriott City Center	110.8	$52.08						$ 52.08
			KASS Conference								
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
Totals				110.8	$ 52.08	$ -	$ -	$ -	$ -		$ 52.08
										GRAND TOTAL:	**$ 52.08**

*** 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.

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

Review/Revised:6/12/2023