Travel Expense Voucher

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

Name Sarah Wasson ☐ Board Member ☑ Employee ☐ Itinerant Employee Date Submitted 9-11-26
Home Address 1111 Maple St City Stanton, State KY Zip 40380

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	$ Amount	Meals	Tips*				
9/8/26	10:00am	5:15pm	KASS Summit - Lex.	—	—	—	—	Parking		$11.00	$11.00
9/9/26	6:30am	1:30pm	KASS Summit - Lex	—	—	—	—	Parking		11.00	11.00
			Totals								
										GRAND TOTAL:	$22.00

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

Mileage will be reimbursed at the quarterly rate. Total food expenses will be reimbursed up to $45.00 per day. Meals obtained on day trips are subject to federal and state taxes as well as teacher retirement in accordance with Board policy.

Please attach all receipts for expense reimbursement. Reimbursement will be made monthly.

Sarah Wasson 9-11-26
Employee's Signature *Date*

Signature of Superintendent/designee *Date*

Review/Revised:6/13/2023

Receipt

L/R #03	A Payment No.00012113
T/D #01	Ticket No.045264
Entry Time	09/08/2026 (Tue) 10:59
Exit Time	09/08/2026 (Tue) 16:15
Parking Time	5:16
Parking Fee	Rate A $11.00
	$0.62
TAX(Included)	6.00 % $0.62
Tax1	
MASTERCARD	**********5578
Account #	41330
Slip #	000000871B
Auth Code	$11.00
Credit Card Amount	
Total	$11.00

Thank You for Your Visit
Please Come Again !

Receipt

P/S #04	A Payment No.00000677
T/D #01	Ticket No.045464
Entry Time	09/09/2026 (Wed) 7:31
Exit Time	09/09/2026 (Wed) 11:40
Parking Time	4:09
Parking Fee	Rate A $11.00
Taxable Amount	
Taxable Amount1	$10.38
TAX(Included)	$0.62
Tax1	6.00 % $0.62
MASTERCARD	
Account #	**********5578
Slip #	33281
Auth Code	000000909B
Credit Card Amount	$11.00
Cash Amount	$0.00
Total	$11.00

Thank You for Your Visit
Please Come Again !