

ESTILL COUNTY BOARD OF EDUCATION

TRAVEL VOUCHER

org \_\_\_\_\_ obj \_\_\_\_\_ proj \_\_\_\_\_ amt \_\_\_\_\_
org \_\_\_\_\_ obj \_\_\_\_\_ proj \_\_\_\_\_ amt \_\_\_\_\_

ALL INFORMATION MUST BE COMPLETED TO BE ACCEPTED FOR PAYMENT

INCOMPLETE FORMS WILL BE RETURNED.

Is this travel for a Professional Day? YES NO If yes, date of your Professional day \_\_\_\_\_ (attach copy of program cover or certificate of attendance)

Is this travel for Professional Development? YES NO Whole Day? Yes No Half Day? Yes No AM PM

NAME \_\_\_\_\_ WORKSTATION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

DATE(S) OF TRAVEL \_\_\_\_\_ POSITION \_\_\_\_\_

WHAT DID YOU ATTEND: \_\_\_\_\_

SCHEDULED MEETING BEGINS AT \_\_\_\_\_ AM PM ENDS AT \_\_\_\_\_ AM PM

WHERE WAS IT HELD? BLDG. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ACCOMODATIONS (attach receipts) \_\_\_\_\_

MEALS (attach receipts) LIMITED TO BREAKFAST \$7.00, LUNCH \$9.00, DINNER \$12.00
MAXIMUM AMOUNT \$28.00 PER DAY INCLUDING TAX & TIPS

Table with 7 columns: DAY #, DATE, BREAKFAST \$, LUNCH \$, DINNER \$, TOTAL DAY #1 \$

TOTAL MEALS \$ \_\_\_\_\_

TOTAL MILES \_\_\_\_\_ @ \$ \_\_\_\_\_ TOTAL MILEAGE \$ \_\_\_\_\_

PARKING \$ \_\_\_\_\_ TOTAL PARKING \$ \_\_\_\_\_

OTHER AS APPROVED (attach receipts) \_\_\_\_\_

AMOUNTS \$ \_\_\_\_\_

AMOUNTS \$ \_\_\_\_\_

TOTAL AMOUNT I AM REQUESTING FOR REIMBURSEMENT \$ \_\_\_\_\_

I certify that the above expenses were incurred by me on behalf of the Estill Co. Board of Education

Handwritten signature of employee

DATE \_\_\_\_\_

SIGNATURE - EMPLOYEE

DATE \_\_\_\_\_

SIGNATURE - PROJECT/PROGRAM COORDINATOR

DATE \_\_\_\_\_

SIGNATURE - PRINCIPAL

DATE \_\_\_\_\_

SIGNATURE - FINANCE OFFICER