

DUE IN THE BOARD OFFICE THE LAST DAY OF EACH MONTH

MEADE COUNTY BOARD OF EDUCATION

**REIMBURSEMENT VOUCHER FOR PROFESSIONAL MEETING TRAVEL
HIGH RATE AREA**

(File separate voucher for each Professional Meeting)

Name: _____ School: _____ Date: _____

Address: _____

Name of Conference/Meeting: _____

Meeting Location – City: _____ State: _____

ATTACH TO BACK Agenda showing meeting dates / times (if available)
Receipts as required below

Actual Date Left For Meeting _____ / _____ / _____ Time ____ : ____ am / pm
Month Day Year

Actual Date Returned From Meeting _____ / _____ / _____ Time ____ : ____ am / pm
Month Date Year

Actual Number of Overnight Stays _____

REIMBURSEMENT REQUESTED FOR THE FOLLOWING ITEMS

TOTALS

MILEAGE _____ x .53/mile _____

MEALS # _____ Breakfasts (14.00 ea) # _____ Lunches (\$18.00 ea) # _____ Dinners (\$28.00 ea) _____

REGISTRATION (Receipt with Personal Proof of Payment is Required) _____

LODGING (Receipt with Personal Proof of Payment is Required) _____

OTHER (Receipt Required)
Parking _____ Taxi _____
Tolls _____ Other _____

Total Amount to be Reimbursed _____

VENDOR'S CERTIFICATION

I hereby certify that the above is a correct statement of amount due from the Meade County Board of Education for travel as listed above.

Signed _____ Date _____ Approved _____ Date _____
Employee *Principal/Supervisor*

ORG#	OBJECT	PROJECT	AMOUNT