

DUE IN THE BOARD OFFICE THE LAST DAY OF EACH MONTH

MEADE COUNTY BOARD OF EDUCATION

REIMBURSEMENT VOUCHER FOR PROFESSIONAL MEETING TRAVEL

(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 Actual Date Returned From Meeting Time Actual Number of Overnight Stays

REIMBURSEMENT REQUESTED FOR THE FOLLOWING ITEMS

TOTALS

MILEAGE x .43/mile

MEALS # Breakfasts # Lunches # Dinners

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

Table with 4 columns: ORG#, OBJECT, PROJECT, AMOUNT