

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 .44/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