

## MONTHLY TRAVEL AND EXPENSE VOUCHER

Please enter current mileage rate: (i.e. .35)

Month:

Employee:	
Address:	

## Employer: Hancock County Board of Education Address: 83 State Route 3543, Hawesville, KY 42348

**Must be turned in no later than the month following the trip/expense**											_
Date			Meals \$			Mileage #		Other		Total	
of Departure	Destination	Purpose	Breakfast	Lunch	Dinner	Miles	Charge	(Specify)	Amount	Charge	
							0.00			\$-	
							0.00			\$-	
							0.00			\$-	1
							0.00			\$-	1
							0.00			\$-	
							0.00			\$-	1
							0.00			\$-	
							0.00			\$-	1
							0.00			\$-	
							0.00			\$-	
							0.00			\$-	
							0.00			\$-	
							0.00			\$-	
							0.00			\$-	
							0.00			\$-	1
							0.00			\$-	
			\$ -	\$ -	\$ -	0.0	0.00		\$-	\$-	

I hereby certify that all items of expense included in the above statement were incurred in the discharge of

official business in connection with my duties as:

(Signature of Principal/Supervisor)

(Fund to be Charged)

--An overnight stay is required for reimbursement of meals. --Maximum meal reimbursement including gratuity - \$30.00 per day --Original itemized meal receipt is required. Gratuity can not exceed 20%. --For lodging to be reimbursed, an original, itemized receipt is required. --Registration fee, parking, tolls, etc. may be reimbursed with original receipts. --Credit card slips, registration forms, or check copies are not accepted as receipts. --Please see the official policy and/or procedures for complete details. --To be reimbursed for mileage a map must be included. (ie. MapQuest)

(Signature of Employee)

(Date)

(Signature of Finance Officer/Superintendant)