

**Campbell County Schools
TRAVEL EXPENSE VOUCHER**

DATE : _____
 NAME : _____ PHONE # : _____
 ADDRESS : _____ SCHOOL : _____
 CITY, STATE, ZIP : _____

MUNIS CODE: (Must be completed before reimbursement will occur.)

TRAVEL FOR: See attached DATE(S) : _____ to _____
 STIPEND : \$ _____

TRAVEL EXPENSES : (ATTACH RECEIPTS IF MORE THAN \$10.00)

From See attached to See attached and return.
 Automobile (round trip) _____ miles @ \$0. _____ per mile \$ _____
 Road Tolls (round trip) _____ \$ _____
 Plane: _____ Amount \$ _____ and Ticket number _____ \$ _____
 Taxi _____ \$ _____
 Parking _____ \$ _____
 Baggage Tips _____ \$ _____

MEALS : (ATTACH RECEIPTS) School personnel will be reimbursed for meals when associated with a trip that requires an overnight stay or with a trip that requires total travel of 150 miles or more.

| | | | |
|---------------------|---|--------------------|----------|
| | Breakfast (including tax and tip) | \$ | |
| <u>See attached</u> | Lunch (including tax and tip) | \$ | |
| DATE | Dinner (including tax and tip) | \$ | |
| | | | |
| | Breakfast (including tax and tip) | \$ | |
| <u>See attached</u> | Lunch (including tax and tip) | \$ | |
| DATE | Dinner (including tax and tip) | \$ | |
| | | | |
| | Breakfast (including tax and tip) | \$ | |
| <u>See attached</u> | Lunch (including tax and tip) | \$ | |
| DATE | Dinner (including tax and tip) | \$ | |
| | | Meals TOTAL | \$ _____ |

LODGING : (ATTACH RECEIPTS)

See attached DAYS @ \$ _____ PER DAY Lodging TOTAL \$ _____

OTHER EXPENSES : (ATTACH RECEIPTS)

Other Expenses \$ _____
 TOTAL DUE \$ _____

I hereby certify, subject to the provisions of KRS 523.100 (unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all dates furnished herewith are true and correct to the best of my knowledge.

Traveler's Signature : _____ Date: _____
 Supervisor's Signature: _____ Date: _____
 Superintendent or Designee's Signature: _____ Date: _____

CAMPBELL COUNTY SCHOOLS

TRAVEL VOUCHER CONTINUATION

Traveler Name _____ Date _____ Page 1.00 of 1.00

| MO. | DAY | TIME OF | | LOCATION | PRIVATE AUTO MILEAGE | TOLLS AND/OR PARKING | LODGING | SUBSISTENCE | TOTALS |
|----------|-----|-----------|--------|----------|----------------------------|----------------------------|---------|-------------------------------|--------|
| | | DEPARTURE | RETURN | | | | | | |
| | | | | From To | | | | B _____ L _____ D _____ | - |
| PURPOSE: | | | | | | | | | |
| | | | | From To | | | | B _____ L _____ D _____ | - |
| PURPOSE: | | | | | | | | | |
| | | | | From To | | | | B _____ L _____ D _____ | - |
| PURPOSE: | | | | | | | | | |
| | | | | From To | | | | B _____ L _____ D _____ | - |
| PURPOSE: | | | | | | | | | |
| | | | | From To | | | | B _____ L _____ D _____ | - |
| PURPOSE: | | | | | | | | | |
| | | | | From To | | | | B _____ L _____ D _____ | - |
| PURPOSE: | | | | | | | | | |
| | | | | From To | | | | B _____ L _____ D _____ | - |
| PURPOSE: | | | | | | | | | |
| | | | | From To | | | | B _____ L _____ D _____ | - |
| PURPOSE: | | | | | | | | | |
| | | | | | THIS PAGE | | - | | |
| | | | | | | | - | \$ - | ## |