

TRAVEL VOUCHER (print on blue paper)

Boyd County Public Schools

1104 Bob McCullough Drive

Ashland, KY 41102

O f f i c e U s e	Purchase Order _____
	Org _____
	Object _____ Project _____
	Invoice _____

Name _____ Home Address _____

Meeting _____ School _____
(Type and Location)

*Travel Vouchers must be completed and returned to the Finance Department no later than the first working day of the month.
 Attach PROFESSIONAL MEETING ATTENDANCE REQUEST FORM, receipts for expenses, and Meeting Agenda*

Date	Starting Location	Destination	Mileage	Lodging	(Meal Cost = Current Daily allowance \$8, \$10, \$17 or \$10, \$11, \$21 for high rate)			Other Expenses (Specify)	Daily Total
			(Miles x \$.__)	(Daily Cost)	(Breakfast \$__)	(Lunch \$__)	(Dinner \$__)		

Grand Total _____

Attach Professional Meeting Request Form, receipts for expenses and Agenda.

I hereby certify that the above expenses were incurred in an official capacity of the Boyd County Board of Education.

SIGNATURE _____

DATE _____