

CLINTON COUNTY BOARD OF EDUCATION
 1273 KY HWY 90 WEST, SUITE 103
 ALBANY, KY 42602

CENTRAL OFFICE USE ONLY	
VENDOR #	_____
ORG	_____
OBJECT	0580
PROJECT	_____

PERSONNEL
TRAVEL (OVERNIGHT) INVOICE

Name _____

Address _____

PAID FROM	General Fund _____	Gear Up _____	Prof Dev _____	Food _____
	School Alloc _____	IDEA B _____	Title I _____	FRC/YSC _____
	Even Start _____	Migrant _____	21 st Cent _____	
	FAD _____	KETS-Tech _____	Other (Specify) _____	

Meeting Attended _____ Date _____ of _____ Trip: _____

Location: FROM: _____ TO _____

(Round Trip Mileage Chart: Bowling Green – 190; Frankfort – 260; Lexington – 260; Louisville – 300; Owensboro – 322; Elizabethtown – 224; Somerset – 100; London – 160)

MILEAGE-ROUND TRIP _____ @\$._____ per mile \$ _____
 PARKING \$ _____
 TOLLS* \$ _____

*Tolls (none for District vehicles being operated in state in an official capacity)

All receipts must be attached for expenditures. Meals are reimbursed only for overnight trips and are limited to \$30 per day.

DATE _____	BREAKFAST	\$ _____	
	LUNCH	\$ _____	\$ _____
	DINNER	\$ _____	
DATE _____	BREAKFAST	\$ _____	
	LUNCH	\$ _____	\$ _____
	DINNER	\$ _____	
DATE _____	BREAKFAST	\$ _____	
	LUNCH	\$ _____	\$ _____
	DINNER	\$ _____	
DATE _____	BREAKFAST	\$ _____	
	LUNCH	\$ _____	\$ _____
	DINNER	\$ _____	

(If you have additional meals, please attach an additional page.)

Name of Hotel _____
 LODGING: (ATTACH ALL RECEIPTS FOR ROOM ONLY)
 DAYS @ _____ PER DAY \$ _____
 OTHER EXPENSES: _____ (Itemize and attach receipts.) \$ _____
TOTAL FOR CLAIM \$ _____

I hereby certify that the above is a correct statement of the amount due from the Clinton County Board of Education for travel expenses.

 SIGNATURE OF EMPLOYEE DATE

 APPROVED BY PRINCIPAL/SUPERVISOR DATE

CENTRAL OFFICE USE ONLY	
CHECK NO.	_____
AMOUNT PAID	_____
DATE PAID	_____