

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

<b>CENTRAL OFFICE USE ONLY</b>	
VENDOR #	_____
ORG	_____
OBJECT	0580
PROJECT	_____

**PERSONNEL**  
**DAILY INVOICE FOR TRAVEL**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

(Round Trip Mileage Chart: Bowling Green – 165; Frankfort – 240; Lexington – 260; Louisville – 300; Owensboro – 330; Elizabethtown – 205; Somerset – 100; London – 160)

Meeting Attended \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Location: FROM: \_\_\_\_\_ TO \_\_\_\_\_

MILEAGE-ROUND TRIP \_\_\_\_\_ @\$.\_\_\_\_\_ per mile \$ \_\_\_\_\_

**MEALS REIMBURSEMENT REQUESTED**

When travel involves a portion of a day, meals shall be reimbursed at the following maximum rates:  
 Breakfast = \$5.00; Lunch = \$10.00; Dinner = \$15.00. (See board policy 03.125, regarding expense reimbursement).

Meal limits do not include gratuities. The District will not reimburse employees for gratuities exceeding 15% of the meal charge. Itemized receipts shall be required for ALL expenditures.

DATE \_\_\_\_\_

Breakfast \$ \_\_\_\_\_ Lunch \$ \_\_\_\_\_ Dinner \$ \_\_\_\_\_ TOTAL \_\_\_\_\_

**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

<b>CENTRAL OFFICE USE ONLY</b>	
CHECK NO.	_____
AMOUNT PAID	_____
DATE PAID	_____

\*Mileage will be paid based on the State Rate