

Middlesboro Board of Education

Expense Voucher

Name of Claimant: _____

Address: _____

Purpose of Expense: _____

Account to be Deducted From (CODE): _____
(Please Obtain Applicable Code Prior to Submission)

Travel: (Inclusive Dates) From: _____ to _____

Show points of Departure & Return:
From: _____ **to** _____
_____ Miles @ .45 cents per mile Total: _____

Miscellaneous: (Receipt Required): _____ Total: _____

Room: (Receipt Required) _____ at _____ per night Total: _____

- **Meals will be reimbursed only if an overnight stay is required**
- **Meals must have receipts for items over \$2.00**
- **Meals: Maximum reimbursement allowed is \$75.00 per day**

Date: _____ Breakfast: _____ Total: _____
Lunch: _____
Dinner: _____

Date: _____ Breakfast: _____ Total: _____
Lunch: _____
Dinner: _____

Date: _____ Breakfast: _____ Total: _____
Lunch: _____
Dinner: _____

The above is a true statement of my expenses for the period covered. Total: _____

Approved By: _____ (Signature of Claimant)
(Supervisor)

Approved By: _____ (Date)
(Superintendent)

Effective July 1-September 30, 2024