

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 @ .43 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: _____

(Supervisor)

(Signature of Claimant)

Approved By: _____

(Superintendent)

(Date)

Effective July 1, 2025-September 30, 2025