Due at Central Office 1st Friday of each Month.

Taylor County Board of Education

Monthy Travel Expense Invoice

Vendor #_____

_____Fund

Name_____Date of Claim_____

Normally it is anticipated that only one person will be absent from any one department or grade level at any given time, or attending any given conference.

Date From	Date To	Location/Purpose*	Total Miles	Tolls/ Parking*	Meals/ Room*
		TOTAL MILES			
		TOTAL MILES X .49/MILE			
		TOTALS			

I hereby certify, subject to the provisions of KRS523.100 (unsworn falsification to authorities) that the above are proper charges by a statutory employee of the Taylor County Board of Education in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

Effective 8/20/13:
*Attach receipts for tolls, parking, meals, room, etc. Attach documentation (registration, brochure, etc.) that includes beginning and ending times and dates of meetings. Meal allowance is $35 per day. Tips in excess of 15% of the cost of food will *not* be approved. Lodging will not be covered if meeting start/registration time is 9 am EST or later and meals charged prior to meeting date will *not* be reimbursed for round trips less than 200 miles.

Employee's Signature Date

Approved

TOTAL AMOUNT OF CLAIM $

CODE	AMOUNT

Check No._____

Amount Paid_____

Date Paid_____

Requests for expenses must be submitted no later than 7 days after the date of travel.