

**Travel Expense Voucher**

Date Submitted \_\_\_\_\_  Board Member  Employee

Name \_\_\_\_\_ AP Vendor # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ ZIP \_\_\_\_\_

Location/Purpose (attach conference registration): \_\_\_\_\_

DATE	TIME		MILEAGE <sup>1</sup>		MEALS & INCIDENTALS(M & IE) (OVERNIGHT LODGING REQUIRED) <sup>2</sup>		ATTACH ORIGINAL, ITEMIZED RECEIPTS			
	Departur e	Return	No. of Miles	Amount	Amount	Less Meal Adjustments*	Lodging	Registration	Parking and/or Tolls**	Other
<b>TOTALS</b>										
<b>GRAND TOTAL</b>										

<sup>1</sup>Mileage will be reimbursed at the rate approved by the Commonwealth of Kentucky for State Government Employees for the time period that the travel occurred.

Mileage will not be reimbursed if a Board vehicle is available for use.

<sup>2</sup>Meals and incidentals (M & IE) will be reimbursed at a daily per diem rate established by the General Services Administration (GSA). Visit <http://www.gsa.gov/portal/content/104877> for the per diem rate for the location you traveled to. On the Departure and Return travel day, employees are eligible for seventy-five percent (75%) of the total M & IE per diem rate of the city that they traveled to. The Standard Location rate applies for all locations without specified rates.

Meals and incidentals (M & IE) will be reimbursed at the daily per diem rate established by the General Services Administration (GSA) for travel in cities that are deemed to be Non-Standard or High Rate. Visit [www.gsa.gov/portal/category/21287](http://www.gsa.gov/portal/category/21287) to locate these cities and rates. On the Departure and Return travel day, employees are eligible for seventy-five percent (75%) of the total M & IE rate for these cities.

\*For meals provided as part of a meeting or conference, the daily per diem reimbursement will be reduced by: Breakfast 25%; Lunch 25% and Dinner 50%.

Taxes and tips are included in the daily per diem rate, no overages will be reimbursed.

\*\*No tolls for District vehicles being operated in state in an official capacity.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

MUNIS Code \_\_\_\_\_