

**OWEN COUNTY SCHOOLS TRAVEL VOUCHER**

EMPLOYEE'S NAME & WORK LOCATION	DATE RECEIVED IN CENTRAL OFFICE
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**EACH DAY'S EXPENSES MUST BE LISTED SEPARATELY. MEAL RECEIPTS ARE NOT REQUIRED.**

**Mileage** - All travel shall be the most direct route in order to qualify for reimbursement. Rate is based on state mileage rate as of July 1 of the fiscal year at the time of travel.

**Other Expenses** - All charges or fares for necessary travel are reimbursed. (plane, bus, train, subway, taxi, car rental, lodging, registration fees.) Employee must attach receipts for these items.

**Meals** will be reimbursed on a per diem based on the state rate as of July 1 of the fiscal year at the time of travel.

**MEAL REIMBURSEMENT CHART - Includes meals, taxes and tips.**

<b>(Meal receipts are not required.)</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
<b>If travel includes overnight lodging and at least these hours</b> →→→→→	6:30AM-9:00AM	11:00AM-2:00PM	5:00PM-9:00PM
<b>For authorized travel in Kentucky - you may claim</b>	<b>\$7</b>	<b>\$8</b>	<b>\$15</b>
<b>For authorized out-of-state travel - you may claim</b>	<b>\$8</b>	<b>\$9</b>	<b>\$18</b>

DATE		TIME OF		DESTINATION		# OF MILES	MILES x \$0.47	TOLLS/ PARKING	LODGING	MEALS	TOTAL FOR DAY
MO	DAY	DEP	RET	FROM	TO						
										B	
PURPOSE OF TRAVEL & SOURCE OF FUNDS										L	
										D	

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Page 1 Total	\$
Page 2 Total	\$
<b>GRAND TOTAL</b>	<b>\$</b>

**I hereby certify that the above is a correct statement of amount due for travel expenses.**

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CHECKED FOR ACCURACY BY \_\_\_\_\_ DATE \_\_\_\_\_

<b>CENTRAL OFFICE USE:</b>
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**OWEN COUNTY SCHOOLS TRAVEL VOUCHER**

<b>EMPLOYEE'S NAME</b>	<b>PAGE 2</b>
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**Page 2 Total \$**