NICHOLAS COUNTY BOARD OF EDUCATION
CARLISLE, KENTUCKY

TRAVEL EXPENSE VOUCHER

NAME		DATE SUBMITTED		Period Covered	

DATE	TIME OF: Departure	Return	LOCATION AND PURPOSE ACTIVITY	Private Auto Mileage	Meals*	Parking	Other	TOTALS
CODE								
				Total Miles	Per Mile			
				OTHER EXPENSES				
				GRAND TOTAL				

I hereby certify that the above are proper charges incurred in the discharge of official business and that all data furnished herein are true and correct to the best of my knowledge.

Date

Employee's Signature

Date

Supervisor's Signature Documents Approval, Accuracy, and Compliance With Fiscal Management Statutes/Policies.

Date

Superintendent's Signature

ATTACH RECEIPTS FOR EXPENSES -*Overnight Stay Required for Meal Reimbursement