

**CLINTON COUNTY BOARD OF EDUCATION**  
**2353 N Hwy 127**  
**OVER NIGHT TRAVEL INVOICE**

FORM F-75 (Travel Voucher)

<b>(CENTRAL OFFICE USE ONLY)</b>	
VENDOR NUMBER	
ORG	
OBJECT	0580
PROJECT	

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

PAID FROM:

General Fund	_____	Gear Up	_____	Prof Dev	_____	Food	_____
School Alloc	_____	IDEA B	_____	Title I	_____	FRC/YSC	_____
Even Start	_____	Migrant	_____	21st Cent	_____		
FAD	_____	KETS - Tech.	_____	Other (Specify)	_____		

Meeting Attended: \_\_\_\_\_  
 Date of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Location - FROM: \_\_\_\_\_ TO: \_\_\_\_\_

(Round Trip Mileage Chart: Bowling Green -190;Frankfort-260;Lexington-260;Louisville-300;  
 Owensboro-322; Elizabethtown-224; Somerset-100; London-160)

MILEAGE-ROUND TRIP	_____ @ \$0.30 per mile	\$ _____
	PARKING	\$ _____
	TOLLS	\$ _____

**All receipts must be attached for expenditures. Meals are limited to \$30 per day.**  
**Meals are only reimbursed for overnight trips.**

_____	BREAKFAST	\$ _____	
_____	LUNCH	\$ _____	\$ _____
DATE	DINNER	\$ _____	
_____	BREAKFAST	\$ _____	
_____	LUNCH	\$ _____	\$ _____
DATE	DINNER	\$ _____	
_____	BREAKFAST	\$ _____	
_____	LUNCH	\$ _____	\$ _____
DATE	DINNER	\$ _____	
_____	BREAKFAST	\$ _____	
_____	LUNCH	\$ _____	\$ _____
DATE	DINNER	\$ _____	

(If you have additional meals, please attach an additional page.)

**Name of Hotel:** \_\_\_\_\_  
 LODGING: (ATTACH ALL RECEIPTS FOR ROOM ONLY)  
 \_\_\_\_\_ DAYS @ \_\_\_\_\_ PER DAY \$ \_\_\_\_\_  
 OTHER EXPENSES: (Itemize and attach receipts.) \$ \_\_\_\_\_

**TOTAL FOR CLAIM**

I hereby certify that the above is a correct statement of the amount due from the Clinton County Board of Education for travel expenses.

\_\_\_\_\_  
 SIGNATURE OF EMPLOYEE DATE  
 \_\_\_\_\_  
 APPROVED BY PRINCIPAL/SUPERVISOR DATE

<b>(CENTRAL OFFICE USE ONLY)</b>
CHECK NO
AMOUNT PD.:
DATE PAID: