

**CLINTON COUNTY BOARD OF EDUCATION**  
**2353 N Hwy 127**  
**STANDARD INVOICE FOR TRAVEL EXPENSE**

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)	_____		

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

(Round Trip Mileage Chart: Bowling Green -190;Frankfort-260;Lexington-260;Louisville-300;  
 Russell Spring = 54: Owensboro-322: Elizabethtown-224: Somerset-100: London-160)

Destination: \_\_\_\_\_  
 Date of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Location - FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 MILEAGE-ROUND TRIP \_\_\_\_\_ @ \$0.30 per mile \$ \_\_\_\_\_

Destination: \_\_\_\_\_  
 Date of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Location - FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 MILEAGE-ROUND TRIP \_\_\_\_\_ @ \$0.30 per mile \$ \_\_\_\_\_

Destination: \_\_\_\_\_  
 Date of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Location - FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 MILEAGE-ROUND TRIP \_\_\_\_\_ @ \$0.30 per mile \$ \_\_\_\_\_

Destination: \_\_\_\_\_  
 Date of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Location - FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 MILEAGE-ROUND TRIP \_\_\_\_\_ @ \$0.30 per mile \$ \_\_\_\_\_

Destination: \_\_\_\_\_  
 Date of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Location - FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 MILEAGE-ROUND TRIP \_\_\_\_\_ @ \$0.30 per mile \$ \_\_\_\_\_

**TOTAL FOR CLAIM**

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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: