

PERSONNEL

Adair County School District

Travel Form

03.125 AP.22

Name: _____

Date of Claim: _____

Total Miles: _____

Tolls, Meals, Etc.: _____

Amount of Check: _____

Date	From	To	Purpose	Total Miles	Tolls, Parking	Room, Other	Break	Meals Lunch	Dinner
TOTALS									
TOTAL MILES X \$.46 PER MILE									
TOTALS									
GRAND TOTAL:									

Allowance for Meals

Total \$30.00 per day

Allowance for a combination of

breakfast, lunch, and dinner

shall not exceed \$30.00.

Allowance for Hotel Rooms

\$125.00 Per Night (unless approved by Supl.)

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

ORG	OBJECT	PROJECT	AMOUNT
ALLOWABLE MILEAGE RATES			
Glasgow - 40	Lexington - 100	Bowling Green - 75	GRREC - 65
Somersel - 42	Louisville - 100	Elizabethown - 60	
Richmond - 100	Frankfort - 100	London - 75	