PERSONNEL 03.125 AP.22 (CONTINUED)

Travel Expense Voucher Local In-County McCracken County Board of Education

PLEASE INDICATE PROPER CODES: ORG: OBJ: PROJ: Name Department		Submit monthly or upon completion of travel to the Finance Department, McCracken County Board of Education.			
				Title Date Submitted	
		Month	Date		
DATE	From	То	MILES	CHARGE	
LICENSE NO. OF	VEHICLE USED:				
		ed in the above statement we es are proper charges again			
Employe	ee's Signature		Address	Address	
	Approved By			Date	
			Review/Re	evised:12/16/04	