

STATE OF TENNESSEE CLAIM FOR TRAVEL EXPENSES

ACTIVITY Energy Manager Travel

FOR PERIOD

June 1st, 2012

TO June 30th, 2012

THIS CLAIM FORM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL REGULATIONS: TYPE OR PREPARE IN INK

DATE	PLACE LEFT	TIME LEFT	PLACE ARRIVED	TIME ARRIV.	TRANSPORTATION				SUBSISTENCE				OTHER EXPENSES	TOTAL	
					MILES	@36	AIRLINE	TAXI	LODGING	BREAK	LUNCH	DINNER			
6-1	CO/BCHS/CO/WVHS/CO/BFES/CO/LFMS/CO/OMS/CO/CEB/CO				73										
6-2	CO/PES/CO/TEB/CO/NLES/CO/BFES/CO/WVHS/CO/OGES/CO/WCES/CO				95										
6-3	CO/PVES/CO/LFMS/CO/BOAL/CO/VVES/CO/WCES/CO/TEB/CO/OMS/CO				92										
6-4	CO/OGES/CO/BFES/CO/CEB/CO/TEB/CO/BFES/CO/NLES/CO/PVES/CO				89										
6-5	CO/VVES/CO/WCES/CO/WVHS/CO/OMS/CO/MAES/CO/OMS/CO/LFMS/CO/LFMS				101										
6-6	CO/WVHS/CO/BCHS/CO/LFMS/CO/OGES/CO/PVES/CO/WCES/CO/NLES/CO				89										
6-7	CO/PVES/CO/NLES/CO/TEB/CO/WCES/CO/TEB/CO/VVES/CO/OGES/CO				108										
6-8	CO/OGES/CO/PVES/CO/PES/CO/CEB/CO/LFMS/CO/MAES/CO/WCES/CO				97										
6-9	CO/VVES/CO/WCES/CO/LFMS/CO/PMS/CO				57										
6-10	CO/OMS/CO/LFMS/CO/TEB/CO/PES/CO/OGES/CO/NLES/CO/PVES/CO				86										
6-12	CO/BFES/CO/OGES/CO/LFMS/CO/PVES/CO/PES/CO/TEB/CO/WCES/CO/MAES/CO				96										
6-13	CO/WVHS/CO/OMS/CO/MAES/CO/LFMS/CO/VVES/CO				80										
TOTALS															

← continued on page #2 →

TYPE OR PRINT COMPLETE HOME ADDRESS:

NAME: Johnny Mull
 SSN: [REDACTED]
 ADDRESS: [REDACTED]
 ACCOUNT: _____

ADDITIONAL EXPLANATION: _____

 ACCT NO: 141 72610 355

GROSS TOTAL _____
 LESS TRAVEL ADVANCE cont ps #2
 " " "
 " " "
 TOTAL DUE CLAIMANT _____

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT:
 Signature: Johnny Mull Date: 7/9/12
 Official Station: Central Off. Position: Energy Mgr
 Approved By: [Signature]

(2)

STATE OF TENNESSEE CLAIM FOR TRAVEL EXPENSES

ACTIVITY Energy Manager Travel

FOR PERIOD June 1st, 2012 TO June 30th, 2012

THIS CLAIM FORM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL REGULATIONS: TYPE OR PREPARE IN INK

DATE	PLACE LEFT	TIME LEFT	PLACE ARRIVED	TIME ARRIV.	TRANSPORTATION				SUBSISTENCE				OTHER EXPENSES	TOTAL	
					MILES	@36	AIRLINE	TAXI	LODGING	BREAK	LUNCH	DINNER			
6-14	CO/WVHS/CO/HES/CO/		TES/CO/OGES/CO/MTES/		102										
	CO/NLES/CO/BFES/CO														
6-15	CO/TES/CO/OGES/CO/PES/CO/NLES/CO/WVHS/				110										
	CO/HES/CO/CES/CO														
6-16	CO/PVES/CO/HES/CO/HES/CO/CES/CO/PES/CO/				114										
	WVHS/CO/LFMS/CO														
6-17	CO/BFES/CO/CES/CO/LFMS/CO/OGES/CO/PES/CO				107										
	WVHS/CO/VVES/CO														
6-18	CO/TES/CO/WLES/CO/OGES/CO/VVES/CO/TES/				109										
	CO/LFMS/CO/BCAS/CO/GOAL/CO														
6-19	CO/PVES/CO/TES/CO/LFMS/CO/BFES/CO/HES/				99										
	CO/WVHS/CO/OMS/CO														
6-20	CO/VVES/CO/OGES/CO/CES/CO/WLES/CO/PVES/				112										
	CO/HES/CO/MAES/CO														
6-21	CO/BCAS/CO/LFMS/CO/NLES/CO/MAES/CO/WLES/				107										
	CO/OGES/CO/TES/CO/PVES/CO/PES/CO														
6-22	CO/TES/CO/PVES/CO/WLES/CO/OGES/CO/MAES/				95										
	CO/HES/CO/GOAL/CO														
6-23	CO/MAES/CO/PES/CO/HES/CO/VVES/CO/NLES/				106										
	CO/LFMS/CO/WVHS/CO														
6-24	CO/WVHS/CO/OGES/CO/CES/CO/BFES/CO/TES/				112										
	CO/PVES/CO/WLES/CO														
TOTALS					← continued on page # 3 →										

TYPE OR PRINT COMPLETE HOME ADDRESS:

NAME: Johnny Mull

SSN: [REDACTED]

ADDRESS: [REDACTED]

ACCOUNT: _____

ADDITIONAL EXPLANATION:

ACCT NO: _____

GROSS TOTAL
LESS TRAVEL ADVANCE

cont #3
11 " "

TOTAL DUE CLAIMANT

11 " "

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT:

Signature Johnny Mull Date: 7-9-12

Official Station Central Off Position Energy Mgr

Approved By: [Signature]

STATE OF TENNESSEE CLAIM FOR TRAVEL EXPENSES

ACTIVITY Energy Manager Travel

FOR PERIOD June 15th, 2012 TO June 30th, 2012

THIS CLAIM FORM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL REGULATIONS: TYPE OR PREPARE IN INK

DATE	PLACE LEFT	TIME LEFT	PLACE ARRIVED	TIME ARRIV.	TRANSPORTATION				SUBSISTENCE				OTHER EXPENSES	TOTAL	
					MILES	@.36	AIRLINE	TAXI	LODGING	BREAK	LUNCH	DINNER			
6-25	CO/LFMS/CO/TEB/CO/		CEB/CO/PVES/CO/		102										
	VVES/CO/OGES/CO														
6-26	CO/CEB/CO/WLES/CO/		PVES/CO/HES/CO/		97										
	MAES/CO/OMS/CO/NLES/CO														
6-27	CO/WVHS/CO/HES/CO/		LFMS/CO/OGES/CO/		77										
	BFES/CO/CDAL/CO														
6-28	CO/VVES/CO/NLES/CO/		CEB/CO		56										
6-30	CO/HES/CO/WVHS/CO/		LFMS/CO/TEB/CO		71										
TOTALS					2,639										950.04

PLEASE PRINT COMPLETE HOME ADDRESS.

ME: Johnny Mull
 ADDRESS: [REDACTED]
 COUNTY: [REDACTED]

M-129

ADDITIONAL EXPLANATION:

 ACCT NO: 726 W 355

GROSS TOTAL \$950.04
 LESS TRAVEL ADVANCE _____
TOTAL DUE CLAIMANT \$950.04

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT:
 Signature Johnny Mull Date: 7-9-12
 Official Station Central Off. Position Energy Mgr
 Approved By: [Signature] Date: 7-9-12

Bradley County Schools



FOR20120625000001
**Out-of-Office
Notification**
6/25/2012

11/12

Out-of-Office Notification

Johnny Mull
Name

Central Office
School

6/26/2012
Leave Start Date
(MM/DD/YYYY)

6/28/2012
Leave End Date
(MM/DD/YYYY)

Full Day
Full / Half

Vacation
Type of Leave Counted

Notes:

3 @ 1.25

For Job-Related Leave, indicate reason for leave:

Conference/Meeting

Location/City/State

Submission Information and Approval History

Out-of-Office Notification

Submitted: 6/25/2012 8:01 AM
Routing level: General
Submitter: Johnny Mull
Title:
E-mail: jnull@bradleyschools.org

Routing Log

Reviewed: 6/25/2012 8:05 AM
Current Status: **Approved (Final)**
Routing Level: Assistant to the Director
Approver: Sammie Humphrey
Title:
E-mail: shumphrey@bradleyschools.org
Copy To:
Comments:

Current Approval 1
Level:
Status: Approved (Final)