

PERSONNEL

03.125 AP.22

REIMBURSEMENT OF EXPENSE VOUCHER

03.225 AP.22

Name **Dr. Mike Stacy**
Home Address **50 Beechwood Road, Ft. Mitchell**

Date Submitted **3/4/2024**
Budget Code

Meeting of Meeting w/legislatures and KSBA Conference was held at KY Capitol Bldg and Galthouse Hotel on 2/29-3/2/2024

TRAVEL EXPENSES (for mileage attach map, ie: Mapquest, etc.)

From **50 Beechwood Rd** to **See attached map quest** and return

Date and time of departure: **2/29/2024 at 8:00am**

Date and time of return: **3/2/2024 at 4:00pm**

Automobile (round trip) **230.2** miles @ 0.49 per mile \$ **112.80**

Other (round trip) Please circle: Airline Train Bus (attach receipts)

Sub-Total \$ **112.80**

MEALS

An overnight stay is required for reimbursement for meals. While on out of District trips a meal allowance shall be paid on a per diem basis for meals. The cost of meals consumed during such travel shall be reimbursed at a rate not to exceed forty dollars (\$40.00) per day.

Day 1 \$ **40**
Day 2 \$ **40**
Day 3 \$ _____
Day 4 \$ _____
Day 5 \$ _____

Sub-Total \$ **192.80**

LODGING (Attach receipts)

_____ days @ \$ _____ per day including tax Sub-Total \$ _____

OTHER EXPENSES (Attach itemized receipts)

\$ _____
Sub-Total \$ _____
TOTAL \$ _____

I certify that the above expenses were incurred by me on behalf of Beechwood Board of Education and/or Beechwood Elementary School and/or Beechwood High School, and none of these expenses will be paid for or reimbursed from any other source.

Signature of Person Requesting Payment

It's Mike B. sign for me!

APPROVED FOR PAYMENT		
PRINCIPAL	<i>Kwan</i> 4/3/24 BUSINESS MGR	<i>Mike Stacy</i> SUPERINTENDENT
DATE	DATE	DATE