

BEECHWOOD INDEPENDENT SCHOOLS
50 BEECHWOOD ROAD

FORT MITCHELL, KY 41017-2716
Material on this order is exempt from the Kentucky sales tax
and Federal excise taxes. Kentucky Tax Exempt # C-340

V E N D O R	STACY, MICHAEL S. 23 BEECHWOOD ROAD FORT MITCHELL, KY 41017
----------------------------	---

SHIP TO	
BEECHWOOD INDEPENDENT SCHOOLS 50 BEECHWOOD ROAD FORT MITCHELL, KY 41017-2716	

Requisition
00024492

Delivery Reference
DR. MIKE STACY

DATE	VENDOR
------	--------

03/26/24 006999

GENERAL FUND BALANCE SHEET

LN	DESCRIPTION/PART NO.	UNIT	QTY	COST EA.	EXT. PRICE
001	ORIGINAL		1.00 EACH	246.37000	246.37
	REIMBURSEMENT OF TRAVEL EXPENSES STATE LEGISLATION MEETING, 3/7, 3/14, 3/19/24, FRANKFORT, KY, MILEAGE				
	0011075-0580	246.37			
				PO Total	246.37

ATTACH SMALL PURCHASE PROCEDURE IF GREATER THAN \$2000.00

PERSONNEL
REIMBURSEMENT OF EXPENSE VOUCHER

03.125 AP.22
03.225 AP.22

Name Dr. Mike Stacy
Home Address _____

Date Submitted 3/22/2024
Budget Code _____

Meeting of Meet w/ State Legislators was held ^{on} March 7, March 14 ^{at} Frankfort, Ky
and March 19, 2024

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

From 50 Beechwood to Ky State Capitol, 700 Capital Ave. and return

Date and time of departure: 8:00am

Date and time of return: 3:00pm

Automobile (round trip) 167.6 x 3 miles @ 0.49 per mile trips = 502.8 miles \$ 246.37

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

Sub-Total \$ 246.37

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 \$ _____
Day 2 \$ _____
Day 3 \$ _____
Day 4 \$ _____
Day 5 \$ _____

Sub-Total \$ _____

LODGING (Attach receipts)

_____ days @ \$ _____ per day including tax

Sub-Total \$ _____

OTHER EXPENSES (Attach itemized receipts)

Sub-Total \$ _____

TOTAL \$ 246.37

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

<u>APPROVED FOR PAYMENT</u>		
PRINCIPAL	BUSINESS MGR	SUPERINTENDENT <u>M. Stacy</u>
DATE	DATE	DATE <u>3/22/24</u>