

TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

03.125 AP.22

NAME	Rick Wolf
ADDRESS	5955 Riverrock Way
ADDRESS	Cold Spring, KY 41076
DATE	11/18/2024
POSITION	Superintendent

DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	@ per mile*	MEALS/TIPS	LODGING	MISC.	TOTAL
10/23/2024	Attend Fall Convening	Dayton	Ignite Institute	18.4	\$ 7.92	\$ -	\$ -	\$ -	\$ 7.92
11/13/2024	Attend New Superintendent Training	Dayton	Elizabethtown	298.4	\$ 128.32	\$ -	\$ -	\$ -	\$ 128.32
					\$ -	\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL						\$ -	\$ -	\$ -	\$ 136.24

* mileage rate subject to change quarterly based on state's mileage rate

A DETAILED RECEIPT MUST BE SUBMITTED FOR ALL CHARGES TO INCLUDE: LODGING, MEAL CHARGES, TOLLS, ETC.
ALL MISCELLANEOUS CHARGES MUST BE EXPLAINED ON THE REVERSE SIDE OF THIS FORM.

I certify that the amount requested is a correct statement of the amount due as itemized above.


Employee's Signature

11/19/24
Date

Signature of Superintendent/designee

Date