## TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Rick Wolf
ADDRESS	5955 Riverrock Way
ADDRESS	Cold Spring, KY 41076
DATE	
POSITION	Superintendent

DAYTON INDEPENDENT SCHOOLS TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	то	# MILES	@	) per mile*	per mile* MEALS/TIPS				LODGING		MISC.		TOTAL
11/26/2024	Meet with NKU's President	Dayton	NKU	15.3	\$	6.58	\$	-	\$	-	\$	-	\$ 6.58		
12/4/2024	Attend the RSP Regional Meeting	Dayton	NKCES	18	\$	7.74	\$	-	\$	-	\$	-	\$ 7.74		
12/5/2024	Meet with Principal at Holy Trinity	Dayton	Holy Trinity	2.8	\$	1.20	\$	-	\$	-	\$	-	\$ 1.20		
12/6/2024	Meet with St. Catherine's Prinicpal	Dayton	St. Catherine	4.4	\$	1.89	\$	-	\$	-	\$	-	\$ 1.89		
12/8/2024	Attend KASS	Home	Louisville	204	\$	87.72	\$	-	\$	-	\$	-	\$ 87.72		
					\$	-	\$	-	\$	-	\$	-	\$ -		
TOTAL							\$	-	\$	-	\$	-	\$ 105.14		

\* 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 MISCELLANOUS 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

Date

Signature of Superintendent/designee

Date