

TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

03.125 AP.22

NAME	<i>Rick Wolf</i>
ADDRESS	5955 Riverrock Way
ADDRESS	Cold Spring, KY 41076
DATE	1/29/2025
POSITION	Superintendent

DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	@ per mile*	MEALS/TIPS	LODGING	MISC.	TOTAL
1/14/2025	NKCES Retreat	Dayton	Lexington	73	\$ 31.39	\$ 12.72	\$ -	\$ -	\$ 44.11
1/15/2025	New Superintendent Training	Lexington	Frankfort	26.2	\$ 11.26	\$ -	\$ -	\$ -	\$ 11.26
1/15/2025	New Superintendent Training	Frankfort	Dayton	105.6	\$ 45.40	\$ -	\$ -	\$ -	\$ 45.40
1/22/2025	EducateNKY Meeting	Dayton	Covington	6	\$ 2.58	\$ -	\$ -	\$ -	\$ 2.58
					\$ -	\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL						\$ 12.72	\$ -	\$ -	\$ 103.35

* 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.

Rick Wolf

Employee's Signature

1/29/25

Date

Signature of Superintendent/designee

Date