TRAVEL EXPENSE VOUCHER
DAYTON INDEPENDENT SCHOOLS

NAME	***Rick Wolf***
ADDRESS	**5955 Riverrock Way**
ADDRESS	**Cold Spring, KY 41076**
DATE	**6/18/25**
POSITION	**Superintendent**

DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	@ per mile*	MEALS/TIPS	LODGING	MISC.	TOTAL
6/10/2025	New Superintendent Training	Home	Frankfort	102.4	$43.01	$ -	$ -	$ -	$ 43.01
6/11/2025	NKCES Retreat	Frankfort	Louisville	50.4	$21.17	$ -	$ -	$ -	$ 21.17
6/12/2025	Return Home	Louisville	Home	103	$ 43.26	$ -	$ -	$ -	$ 43.26
					$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -
					$ -	$ -	$ -	$ -	$ -
TOTAL						$ -	$ -	$ -	**$ 107.44**

* 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