

TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

03.125 AP.22

NAME	Rick Wolf
ADDRESS	5955 Riverrock Way
ADDRESS	Cold Spring, KY 41076
DATE	9/17/25
POSITION	Superintendent

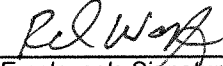
DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	@ per mile*	MEALS/TIPS	LODGING	MISC.	TOTAL
7/23/2025	Attend the KASA conference	Home	Louisville	182	\$ 78.26	\$ -	\$ -	\$ -	\$ 78.26
9/9/2025	Attend the NKY Workforce Investment Board meeting	Dayton	Florence	28	\$ 12.04	\$ -	\$ -	\$ -	\$ 12.04
9/15/2025	Attend the EducateNKY meeting	Dayton	Ludlow	9.6	\$ 4.12	\$ -	\$ -	\$ -	\$ 4.12
9/16/2025	Attend KASS	Home	Lexington	148	\$ 63.64	\$ -	\$ -	\$ -	\$ 63.64
9/17/2025	Attend NKY Works Meeting	Dayton	Kenton Co Library	22	\$ 9.46	\$ -	\$ -	\$ -	\$ 9.46
					\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL						\$ -	\$ -	\$ -	\$ 167.52

* 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

9/18/25
Date

Signature of Superintendent/designee

Date