

Reimbursement of Expense Voucher

Name Justin Kaiser Date Submitted 12-11-2025
 Home Address 13 Highland Ave. Budget Code PO # 20260867
Fort Mitchell, KY 41017
 Meeting of Learning Forward Conf. was held at Boston, MA on 12/8-12/10/25
Travel Expenses (Attach receipts if other than mileage)
 From Fort Mitchell, KY to Boston, MA and return.
 Date and time of departure: 12/8/2025 @ 9:45 am
 Date and time of return: 12/10/2025 @ 7:00 pm
 Automobile (round trip) _____ miles @ 0.49 per mile \$ _____
 Other (round trip) Please circle Airline Train Bus (attach receipts) _____
 Sub-Total: \$ _____

Meals

An overnight stay is required for reimbursement for meals. While on out-of-District trips, a meal allowance shall be paid on a per diem basis for meals. The cost of meals consumed during such travel shall be reimbursed at a rate not to exceed sixty dollars (\$60) per day.

Day 1	\$ <u>60</u>
Day 2	\$ <u>60</u>
Day 3	\$ <u>60</u>
Day 4	\$ _____
Day 5	\$ _____

Sub-Total: \$ 180.00**Lodging** (attach receipts)

_____ days @ \$ _____ per day including tax.

Sub-Total: \$ _____

Other Expenses (Attach itemized receipts)Baggage - \$35Sub-Total: \$ 35.00Total: \$ 215.00

I certify that the above expenses were incurred by me on behalf of Beechwood Board of Education and/or Beechwood Elementary School and/or Beechwood High School, and none of these expenses shall be paid for or reimbursed from any other source.

Signature of Person Requesting Payment

Approved for Payment

Principal/Supervisor

Business Mgr.

Date

Date

Superintendent

Date

Review/Revised: 8/12/2024

3:06



Transaction Details



Delta Air Lines
-\$35.00

Transaction Details

Type	Card
Transaction date	Dec 10, 2025
Posted date	Dec 11, 2025



1030 Delta Blvd,
Atlanta, GA 30354
(404) 715-2600

Description	DELTA AIR Baggage Fee BOSTON MA 12/10
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Also known as	Delta Air Lines
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Merchant type	DELTA
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Method	In person
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Category	Travel
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