

TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

03.125 AP.22

NAME	Rick Wolf
ADDRESS	5955 Riverrock Way
ADDRESS	Cold Spring, KY 41076
DATE	4/21/26
POSITION	Superintendent

DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	@ per mile*	MEALS/TIPS	LODGING	MISC.	TOTAL
3/9/2026	Meet with RiverCity Superintendents	Dayton	Newport Bd of Ed	6	\$ 2.52	\$ -	\$ -	\$ -	\$ 2.52
3/10/2026	Meet with Gateway Personnel	Dayton	Gateway	14	\$ 5.88	\$ -	\$ -	\$ -	\$ 5.88
3/18/2026	Meet with EducateNKY	Dayton	OneNKY Center	10	\$ 4.20	\$ -	\$ -	\$ -	\$ 4.20
4/14/2026	CLAG meeting	Dayton	Campbell Co HS	19	\$ 8.93	\$ -	\$ -	\$ -	\$ 8.93
4/21/2026	Meet with RiverCity Superintendents	Dayton	Newport Bd of Ed	6	\$ 2.82				\$ 2.82
4/21/2026	Meet with EducateNKY	Dayton	OneNKY Center	10	\$ 4.70	\$ -	\$ -	\$ -	\$ 4.70
4/22/2026	Meet with Rick Hulefeld to discuss early childhood/Grants	Dayton	OneNKY Center	10	\$ 4.70	\$ -	\$ -	\$ -	\$ 4.70
TOTAL						\$ -	\$ -	\$ -	\$ 33.15

* 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

4/21/26
Date

Signature of Superintendent/designee

Date