Reimbursement of Expense Voucher

Name Justin Kaiser Date Submitted 10.26.2026

Home Address _____ Budget Code PO 20270440

_____

Meeting of AASA Innovation Cohort was held at Salt Lake City, UT on 10/21/26-10/23/26.

Travel Expenses (Attach receipts if other than mileage)

From Fort Mitchell, KY 41017 to Salt Lake City, UT and return.

Date and time of departure: 10/21/26 @ 5 am

Date and time of return: 10/23/26 @ 11:30 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 tips, 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	$60
Day 2	$60
Day 3	$_____
Day 4	$_____
Day 5	$_____

Sub-Total: $120.00

Lodging (attach receipts)

_____ days @ $_____ per day including tax.

Sub-Total: $_____

Other Expenses (Attach itemized receipts)

_____

_____

Sub-Total: $_____

Total: $120.00

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.	Superintendent
Date	Date	Date 10.28.25

Review/Revised:8/12/2024