

TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	February	
DATE	February-15	


DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
2/11/2015	Regional Superintendent Meeting	Dayton	Gateway	32	\$ 0.41	\$ -	\$ -	\$ -	\$ 13.12
2/12/2015	NKY United Way Action Team	Dayton	Central Bank	28	\$ 0.41	\$ -	\$ -	\$ -	\$ 11.48
2/23/2015	Heroin Summit	Dayton	METS Center	38	\$ 0.41	\$ -	\$ -	\$ -	\$ 15.58
2/25/2015	NISL	Dayton	Richmond	220	\$0.41	\$ -	\$ -	\$ -	\$ 90.20
2/26/2015	NISL	Dayton	Richmond	220	\$ 0.41	\$ -	\$ -	\$ -	\$ 90.20
						\$ -	\$ -	\$ -	
TOTALS						\$ -	\$ -	\$ -	\$ 220.58

* CHECK MILEAGE RATE WITH CENTRAL OFFICE. RATES SUBJECT TO CHANGE QUARTERLY BASED ON STATE 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.



 Signature