

## TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

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

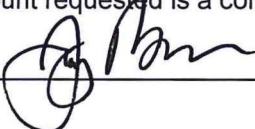
DAYTON INDEPENDENT SCHOOLS  
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
12/2/2015	Northern Ky Drug Alliance	Dayton	Triple Crown	46	\$ 0.40	\$ -	\$ -	\$ -	\$ 18.40
12/5/2015	KASC Growth Mindset	Dayton	Lexington	178	\$ 0.40	\$ -	\$ -	\$ -	\$ 71.20
12/6-7/15	KASS Meeting	Dayton	Louisville	206	\$ 0.40	\$ -	\$ -	\$ -	\$ 82.40
12/10/2015	Program Review Task Force	Dayton	Gateway	188	\$0.40	\$ -	\$ -	\$ -	\$75.20
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
<b>TOTALS</b>						\$ -	\$ -	\$ -	\$ 247.20

\* 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 MISCELLANOUS 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.


12/11/15  
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 Signature