

TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	January	
DATE	January-16	

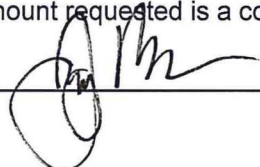
DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
1/13/2016	Regional Superintendent Meeting	Dayton	Gateway	32	\$ 0.39	\$ -	\$ -	\$ -	\$ 12.48
1/21/2016	Commissoner of Ed. Meeting	Dayton	Frankfort	184	\$ 0.39	\$ -	\$ -	\$ -	\$ 71.76
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
TOTALS						\$ -	\$ -	\$ -	\$ 84.24

* 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