

TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	Aug-16	
DATE	August-16	

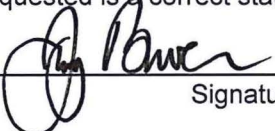
DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
8/22/2016	Accountability Task Force	Dayton	Frankfort	180	\$ 0.39	\$ -	\$ -	\$ -	\$ 70.20
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
TOTALS						\$ -	\$ -	\$ -	\$ 70.20

* 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 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