

# TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	Sept 16 I	
DATE	September-16	

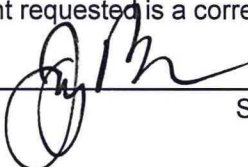
DAYTON INDEPENDENT SCHOOLS  
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
9/3/2016	Chamber of Commerce Meeting	Dayton	Ft. Mitchell	20	\$ 0.41 <del>0.39</del>	\$ -	\$ -	\$ -	\$ 8.20 <del>7.80</del>
9/14/2016	NKCES Meeting	Dayton	Ft. Mitchell	20		\$ -	\$ -	\$ -	\$ 8.20 <del>7.80</del>
9/16/2016	Accountability Steering Committee	Dayton	Frankfort	180		\$ -	\$ -	\$ -	\$ 73.80 <del>70.20</del>
9/19/2016	Continuous Improvement Summit	Dayton	Lexington	170		\$ -	\$ -	\$ -	\$ 69.70 <del>\$66.30</del>
9/20/2016	Continuous Improvement Summit	Dayton	Lexington	170		\$ -	\$ -	\$ -	\$ 69.70 <del>66.30</del>
9/22/2016	Early Childhood Conference	Dayton	Frankfort	180		\$ -	\$ -	\$ -	\$ 73.80 <del>70.20</del>
<b>TOTALS</b>						\$ -	\$ -	\$ -	<b>Continued</b>

\* 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

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NAME	Jay Brewer	
POSITION	Superintendent	
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DAYTON INDEPENDENT SCHOOLS  
TRAVEL REIMBURSEMENT FORM

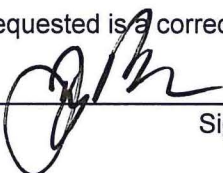
DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
9/27/2016	NKY Ed Council Panel	Dayton	Florence	26	\$ 0.41 <del>0.39</del>	\$ -	\$ -	\$ -	\$ 10.66 <del>10.14</del>
9/30/2016	Core Life Meeting with KDE	Dayton	Frankfort	180		\$ -	\$ -	\$ -	\$ 73.80 <del>70.20</del>
9/19/16	parking - ER Summit					\$ -	\$ -	\$ 8.00	\$ 8.00
9/20/16	parking - ER Summit					\$ -	\$ -	\$ 8.00	\$ 8.00
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
<b>TOTALS</b>						\$ -	\$ -	\$ -	\$ 80.46 <del>368.94</del>

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

\$403.86

A DETAILED RECEIPT MUST BE SUBMITTED FOR ALL CHARGES TO INCLUDE: LODGING, MEAL CHARGES, TOLLS, ETC.  
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I certify that the amount requested is a correct statement of the amount due as itemized above.

  
\_\_\_\_\_  
Signature

216-717

LEXINGTON CENTER CORPORATION  
IMPORTANT  
SEE OTHER  
SIDE

BASSO  
SOUTHLAND PRINTING  
SHREVEPORT, LA.

02 051963 09/13/16 05:30P

*EA Summit*  
*9-20-16*  
*EA Summit*  
*Jan Brewer*

*EA Summit*

Lexington Center  
Ph. (859) 233-4567 ext. 3161

*Jan Brewer*

Fee Computer Number:	3
Cashier:	Id #202
Transaction Number:	121547
Entered:	09/19/2016 09:42
Exited:	09/19/2016 15:12
Ticket #51819	Dispenser #2
Lot:	Lot 43
Area:	Area 1
Rate:	Lexington Rate
Parking Fee:	\$ 8.00
Total Fee:	\$ 8.00
Cash:	\$ 8.00
Total Paid:	\$ 8.00