

# TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	Oct-16	
DATE	October-16	

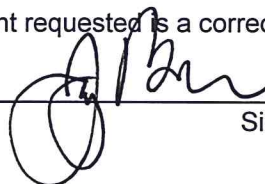
DAYTON INDEPENDENT SCHOOLS  
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
10/12/2016	Accountability Steering Committee	Dayton	Frankfort	186	\$ 0.39	\$ -	\$ -	\$ -	\$ 72.54
10/19/2016	NKCES Meeting	Dayton	Florence	28	\$ 0.39	\$ -	\$ -	\$ -	\$ 10.92
10/21/2016	New Superinendent Training	Dayton	Frankfort	192	\$ 0.39	\$ -	\$ -	\$ -	\$ 74.88
10/25/2016	Superintendent Advisory Council	Dayton	Frankfort	186	\$0.39	\$ -	\$ -	\$ -	\$72.54
						\$ -	\$ -	\$ -	
						\$ -	\$ -	\$ -	
<b>TOTALS</b>						\$ -	\$ -	\$ -	\$ 230.88

\* 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.

  
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 Signature