## TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	Nov-16	
DATE	November-16	

DAYTON INDEPENDENT SCHOOLS TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	то	# MILES	X /PER MILE		Total Control of the		The state of the s		No.		No.		X /PER MILE				MEALS		LOE	GING	М	SC.*	1	OTAL	
11/2/2016	Accountability Steering Committee	Dayton	Frankfort	186	\$	0.39	\$	_	\$	_	\$	_	\$	72.54													
	, ,						\$	_	\$	_	\$	_															
							\$	_	\$	_	\$	_															
							\$	-	\$	_	\$	_															
							-22		-27					7													
							100	-	10	-				72.54													
TOTALS							\$ \$		\$ \$	-	\$	-	\$														

<sup>\*</sup> 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.

Signature