## TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	Jan-17	
DATE	January-17	

DAYTON INDEPENDENT SCHOOLS TRAVEL REIMBURSEMENT FORM

					X/	/PER MILE								
DATE	PURPOSE OF TRIP	FROM	то	# MILES	*		MEALS		LODGING		MISC.*			TOTAL
1/5/2017	KSBA Advocacy LEAD Day	Dayton	Frankfort	182	\$	0.40	\$	-	\$	-	\$	-	\$	72.98
1/9/2017	Accountability Steering Committee	Dayton	Frankfort	182	\$	0.40	\$	-	\$	-	\$	-	\$	72.98
1/10/2017	Accountability Steering Committee	Dayton	Frankfort	182	\$	0.40	\$	-	\$	-	\$	-	\$	72.98
1/13/2017	Regional Drug Free Club Meeting	Dayton	Florence	22		\$0.40	\$		\$	-	\$	-		\$8.80
1/18/2017	KDE Core-Life with Dr. Polk	Dayton	Frankfort	182	\$	0.40	\$	_	\$	-	\$	-	\$	72.98
1/23/2017	NKEAT Advocacy Meeting	Dayton	Florence	22	\$	0.40	\$	-	\$	-	\$	-	\$	8.80
TOTALS							\$	-	\$	-	\$	-	Fin	st Page

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\* 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

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NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	Jan-17	
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DAYTON INDEPENDENT SCHOOLS TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	то	# MILES	X	/PER MILE	MEALS		DGING	. NA	ISC.*		TOTAL
DATE	FURFUSE OF TRIF	FROIN	10	# WILLS	-			LUI	JOING	101	130.	<u> </u>	IUTAL
1/24/2017	Superintendent Advisory Council	Dayton	Frankfort	182	2 \$	\$ 0.40	\$ -	\$	-	\$	-	\$	72.98
1/25/2017	Chamber of Commerce Meeting	Dayton	Fort Wright	16	\$	\$ 0.40	\$ -	\$	-	\$	-	\$	6.40
							\$ -	\$	-	\$	-		
							\$ -	\$	-	\$	-		
	*			*			\$ -	\$	-	\$	-		
							\$ -	\$	-	\$	-		
TOTALS							\$ -	\$		\$	-	\$	388.90

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ma Signature