

TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	May-17	
DATE	May-17	

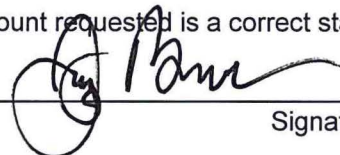
DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
5/3/2017	Superintendent Advisory Committee	Dayton	Frankfort	162	\$ 0.40	\$ -	\$ -	\$ -	\$ 64.80
5/4/2017	Drug Free Club Presentation Safran	Dayton	Ft. Wright	38	\$ 0.40	\$ -	\$ -	\$ -	\$ 15.20
5/8/2017	Drug Free Club Meeting Central Bank	Dayton	Florence	30	\$ 0.40	\$ -	\$ -	\$ -	\$ 12.00
5/16/2017	Magnified Giving Awards	Dayton	Forest Park Ohio	60	\$0.40	\$ -	\$ -	\$ -	\$24.00
					\$ 0.40	\$ -	\$ -	\$ -	
					\$ 0.40	\$ -	\$ -	\$ -	
TOTALS						\$ -	\$ -	\$ -	\$ 116.00

* 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