

TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	Sep-17	
DATE	September-17	

DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

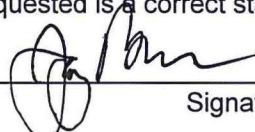
DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
8/30/2017	Early Childhood Professional Learning	Dayton	Frankfort	162	\$ 0.40	\$ -	\$ -	\$ -	\$ 64.80
9/18/2107	Continuous Improvement Summit	Dayton	Lexington	170	\$ 0.40	\$ -	\$ -	\$ -	\$ 68.00
8/18/2017	Continuous Improvement Summit	Dayton	Lexington	170	\$ 0.40	\$ -	\$ -	\$ -	\$ 68.00
9/18/17	" " parking					\$ -	\$ -	\$ 10.00	\$ 10
9/19/17	" " parking					\$ -	\$ -	\$ 10.00	\$ 10
						\$ -	\$ -	\$ -	
TOTALS						\$ -	\$ -	\$ -	\$ 200.80

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

\$ 220.80

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