

# TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	Oct-17	
DATE	October-17	

DAYTON INDEPENDENT SCHOOLS  
TRAVEL REIMBURSEMENT FORM

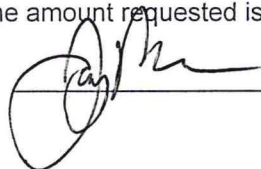
DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
10/3/2017	PreK Works Meeting	Dayton	Fort Mitchell	20	\$ 0.42	\$ -	\$ -	\$ -	\$ 8.40
10/12/2017	Systems Approach Training	Dayton	Lexington	170	\$ 0.42	\$ -	\$ -	\$ -	\$ 71.40
10/19/2017	KASA Ethics Presentation	Dayton	Frankfort	200	\$ 0.42	\$ -	\$ -	\$ -	\$ 84.00
10/20/2017	Early Childhood Conference	Dayton	Louisville	204	\$0.42	\$ -	\$ -	\$ -	\$85.68
10/24/2017	Pension Meeting	Dayton	Crestview	18	\$ 0.42	\$ -	\$ -	\$ -	\$ 7.56
10/25/2017	Gov. Bevin and Chamber	Dayton	Erlanger	26	\$ 0.42	\$ -	\$ -	\$ -	\$ 10.92
<b>TOTALS</b>						\$ -	\$ -	\$ -	\$ 267.96

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

+ 22.00 parki  
\$ 289.96

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

CITY OF LOUISVILLE  
RIVERFRONT  
GARAGE

Early Childhood Conf.  
RECEIPT H121

ENTRY TIME:  
10/20/17 08:36  
EXIT TIME:  
10/20/17 14:10  
PARK-DUR.: HRS:MIN  
0:05:34  
AMOUNT:  
\$ 12.00

THANK YOU FOR YOUR  
VISIT

System Training

Lexington Center

Ph. (859) 233-4567 ext. 3161

Fee Computer Number:	3
Cashier:	Id #202
Transaction Number:	174969
Entered:	10/12/2017 08:11
Exited:	10/12/2017 15:30
Ticket #44529	Dispenser #2
Lot:	Lot 43
Area:	Area 1
Rate:	Lexington Rate
Parking Fee:	\$ 10.00
Total Fee:	\$ 10.00
Cash:	\$ 10.00
Total Paid:	\$ 10.00