TRAVEL EXPENSE VOUCHER
DAYTON INDEPENDENT SCHOOLS

NAME	*Jay Brewer*	
POSITION	**Superintendent**	
SUBMITTED FOR:	**March**	
DATE	**March 23 2018**	

s

DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
3/13/2018	Senate B1 Meeting	Dayton	Frankfort	204	$ 0.41	$ -	$ -	$ 83.64	$ 11.76
3/15/2018	KASA New Superintendent Training	Dayton	Lexington	170	$ 0.41	$ -	$ -	$ 69.70	$ 68.04
						$ -	$ -		
						$ -	$ -		
						$ -	$ -		
						$ -	$ -	$ -	
TOTALS						$ -	$ -	$ 153.34	**$ 79.80**

* 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.

3/20/18

Signature