

# TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	April	
DATE	April-18	

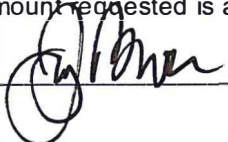
DAYTON INDEPENDENT SCHOOLS  
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
5/1/18	KDE Superintendent Advisory Committee	Dayton	Frankfort	186	\$ 0.41	\$ -	\$ -		\$ 68.04
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -	\$ -	
<b>TOTALS</b>						\$ -	\$ -		<b>\$ 68.04</b>

\* 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.

  
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 Signature