TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer
POSITION	Superintendent
SUBMITTED FOR:	Sep-18
DATE	September-18

DAYTON INDEPENDENT SCHOOLS TRAVEL REIMBURSEMENT FORM

All Uber rides had 4 staff members.

TOTALS							
					9/12/18	8/22/18	DATE
					Supers	NKY Chamber Meeting	PURPOSE OF TRIP
					Dayton	Dayton	FROM
					Frankfort	Fort Mitchell	ТО
	,				190 \$	20 \$	# MILES
					\$ 0.43 \$	0.43	X /PER MILE
↔	69	69	\$	€	€	\$	MEALS
⇔	⇔	69	⇔	69	69	⇔	LODGING
							LODGING MISC.*
\$90.30					\$ 81.70	\$ 8.60	TOTAL

^{*} 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.

Signature

Certification of Time for Extended Employment

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Central Office personnel	Each central office employee shall complete and submit this form to the immediate supervisor for each
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MPLOYEE'S NAI	EMPLOYEE'S NAME: Jay Blenke (fende (POSITION/DEPARTMENT:	NT: Superintendent
AY PERIOD BEG	PAY PERIOD BEGINNING: AUGUST 20, 2018		PAY PERIOD ENDING: AUGUST 31, 2018	GUST 31, 2018
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED³
8/20/18	\			
8/21/18	1			
8/22/18	7			NKY Chamber & Waited Way Cin.
8/23/18	7			
8/24/18	1			
8/27/18	1			
8/28/18	7			Lunch & Learn Scripps Howard
8/29/18	1			
8/30/18	1			
8/31/18	7			
TOTAL DA	TOTAL DAYS WORKED 17			

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Signature of Employee—

Date

E=emergency H=holiday J=jury

NC=Non Contract Day M=military/disaster V=vacation 3<u>LEAVE KEY</u>

P=personal

S=sick

Review/Revised: 3/21/18

Signature of Supervisor.

Certification of Time for Extended Employment

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			TOTAL DAYS WORKED O	TOTALI
			7	9/14/18
" (Flankfart			\	9/13/18
NKCES Region Syra Meet / KASA Etniss		7		9/12/18
			7	9/11/18
			7	9/10/18
			7	9/7/18
			\	9/6/18
			\	9/5/18
			1	9/4/18
			Holiday	9/3/18
	3		×	
LEAVE TYPE/ AMOUNT USED³	Off Campus Site	Off Campus Work Day	On Campus Work Day	DATE
PAY PERIOD ENDING: SEPTEMBER 14, 2018	PAY PERIOD ENDING:	MBER 3, 2018	PAY PERIOD BEGINNING: SEPTEMBER 3, 2018	AY PERIOD BI
ENT: Jupleintendent	POSITION/DEPARTMENT:	temer	EMPLOYEE'S NAME: Day Henry	MPLOYEE'S N

Review/Revised: 3/21/18 I hereby certify that this time sheet is a correct statement of actual days worked during this pay period. ture of Employee Signature of Supervisor Date E=emergency H=holiday J=jury M=military/disaster V=vacation NC=Non Contract Day 3LEAVE KEY
P=personal
S=sick U=unpaid