

DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

All Uber rides had 4 staff members.

| DATE | PURPOSE OF TRIP | FROM | TO | # MILES | X /PER MILE * | MEALS | LODGING | MISC. * | TOTAL |
|---------|-------------------------------------|--------|---------------|---------|---------------|-------|---------|---------|----------|
| 8/22/18 | NKY Chamber Meeting | Dayton | Fort Mitchell | 20 | \$ 0.43 | - | - | | \$ 8.60 |
| 9/12/18 | KASA Ethics Training for New Supers | Dayton | Frankfort | 190 | \$ 0.43 | - | - | | \$ 81.70 |
| | | | | | | - | - | | |
| | | | | | | - | - | | |
| | | | | | | - | - | | |
| | | | | | | - | - | | |
| | | | | | | - | - | | |
| | | | | | | - | - | | |
| TOTALS | | | | | | - | - | | \$90.30 |

* 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.

Signature _____ 9/25/12

Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay Blevins POSITION/DEPARTMENT: Superintendent
PAY PERIOD BEGINNING: AUGUST 20, 2018 PAY PERIOD ENDING: AUGUST 31, 2018

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|--------------------------------------|
| 8/20/18 | ✓ | | | |
| 8/21/18 | ✓ | | | |
| 8/22/18 | ✓ | | | NKY Chamber & United Way Cin. |
| 8/23/18 | ✓ | | | |
| 8/24/18 | ✓ | | | |
| 8/27/18 | ✓ | | | |
| 8/28/18 | ✓ | | | Lunch & Learn Scribes Howard |
| 8/29/18 | ✓ | | | |
| 8/30/18 | ✓ | | | |
| 8/31/18 | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL DAYS WORKED | 10 | | | |

Signature of Employee _____

Signature of Supervisor: 

9/25/18
Date

Review/Revised: 3/21/18

3 LEAVE KEY

| | |
|---------------------|------------|
| E=emergency | P=personal |
| H=holiday | S=sick |
| J=jury | U=unpaid |
| M=military/disaster | V=vacation |
| NC=Non Contract Day | |

Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

| | |
|---|---------------------------------------|
| PAY PERIOD BEGINNING: SEPTEMBER 3, 2018 | PAY PERIOD ENDING: SEPTEMBER 14, 2018 |
|---|---------------------------------------|

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|---|
| 9/3/18 | Holiday | | | |
| 9/4/18 | ✓ | | | |
| 9/5/18 | ✓ | | | |
| 9/6/18 | ✓ | | | |
| 9/7/18 | ✓ | | | |
| 9/10/18 | ✓ | | | |
| 9/11/18 | ✓ | | | |
| 9/12/18 | | ✓ | | NKES Regional Super Meet / KASPA Ethnic Frankfurt |
| 9/13/18 | ✓ | | | |
| 9/14/18 | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL DAYS WORKED | 9 | | | |

Signature of Employee _____
Date 9/25/19 _____

Signature of Supervisor _____
Date _____

Review/Revised: 3/21/18

3 LEAVE KEY

| | |
|---------------------|------------|
| E=emergency | P=personal |
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