

TRAVEL EXPENSE VOUCHER

DAYTON INDEPENDENT SCHOOLS

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TRAVEL REIMBURSEMENT FORM

NAME	Jay Brewer
POSITION	Superintendent
SUBMITTED FOR:	January/February 19
DATE	January/February 19

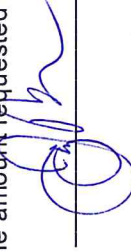
All Uber rides had 4 staff members.

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
1/30/19	St. E Mental Health Meeting	Dayton	Airport Sh.E	26	\$ 0.43	\$ -	\$ -		\$ 11.18
1/31/19	Kentucky Stats Meeting	Dayton	Gateway	40	\$ 0.43	\$ -	\$ -		\$ 17.20
2/7/19	Urban Institute Survey Central Bank	Dayton	Florence	20	\$ 0.43	\$ -	\$ -		\$ 8.60
2/12/19	Chamber Upper Valley Career Center	Dayton	Fort Mitchell	20	\$0.43	\$ -	\$ -		\$8.60
					\$ 0.43	\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
TOTALS						\$ -	\$ -		\$45.58

* 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