TRAVEL EXPENSE VOUCHER
DAYTON INDEPENDENT SCHOOLS

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

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
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 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