

# TRAVEL EXPENSE VOUCHER

## DAYTON INDEPENDENT SCHOOLS

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TRAVEL REIMBURSEMENT FORM

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	May/June	
DATE	July-19	

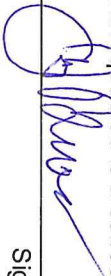
All Uber rides had 4 staff members.

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X / PER MILE *	MEALS	LODGING	MISC.*	TOTAL
7/17/19	KASA Conference	Dayton	Louisville	204	\$ 0.42	\$ -	\$ -		\$ 85.68
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
TOTALS						\$ -	\$ -		\$85.68

\* 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