

**TRAVEL EXPENSE VOUCHER**  
**DAYTON INDEPENDENT SCHOOLS**DAYTON INDEPENDENT SCHOOLS  
TRAVEL REIMBURSEMENT FORM

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	Oct-19	
DATE	October-19	

All Uber rides had 4 staff members.

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC. *	TOTAL
9/27/19	NKY Smoke Free	Dayton	NKY Chamber	20	\$ 0.42	-	\$ -		\$ 8.40
10/18/19	NKY Big Picture Meeting	Dayton	Kenton Co. Library	28	.41	-	\$ -		\$ 11.48 -14.76
						-	\$ -		
						-	\$ -		
						-	\$ -		
						-	\$ -		
						-	\$ -		
TOTALS						-	\$ -		\$20.16

\* CHECK MILEAGE RATE WITH CENTRAL OFFICE. RATES SUBJECT TO CHANGE QUARTERLY BASED ON STATE MILEAGE RATE

19.88

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