

TRAVEL EXPENSE VOUCHER

DAYTON INDEPENDENT SCHOOLS

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TRAVEL REIMBURSEMENT FORM

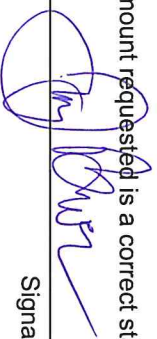
NAME	Jay Brewer
POSITION	Superintendent
SUBMITTED FOR:	Jan-20
DATE	January-20

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X/PER MILE *	MEALS	LODGING	MISC.*	TOTAL
1/14/20	Independent School District Meeting	Dayton	Paris, KY	174	\$ 0.41	\$ -	\$ -		\$ 71.34
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
TOTALS						\$ -	\$ -		\$71.34

* 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