

TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

NAME	Jay Brewer	
POSITION	Superintendent	
SUBMITTED FOR:	Febuary 2020	
DATE	February 2020	

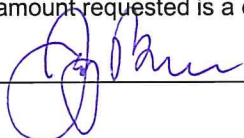
DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
6/11/20	NCKES Supertintendent Meetings	Dayton	Louisville	204	\$ 0.41 ^{.40}	\$ -	\$ -		\$ 83.64 ^{81.60}
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
TOTALS						\$ -	\$ -		81.60 -\$83.64

* 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 6/22/20

Certification of Time for Extended Employment

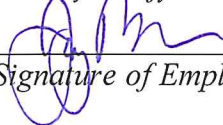
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay Mewler POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JUNE 1, 2020 PAY PERIOD ENDING: JUNE 12, 2020

DATE	On Campus Work Day	Off Campus Work ay	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
6/1/20	✓			
6/2/20	✓			
6/3/20	✓			
6/4/20	✓			
6/5/20	✓			
6/8/20	1/2 day			
6/9/20	1/2 day			
6/10/20	✓			
6/11/20	✓			
6/12/20	1/2 day			
TOTAL DAYS WORKED		9 1/2		

I hereby certify that this time sheet is a correct statement of actual days worked during this pay period.


Signature of Employee

6/22/20
Date

Signature of Supervisor

Date

Review/Revised: 3/21/18

³ LEAVE KEY	
E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
M=military/disaster	V=vacation
NC=Non Contract Day	