

# TRAVEL EXPENSE VOUCHER DAYTON INDEPENDENT SCHOOLS

|                |                |  |
|----------------|----------------|--|
| NAME           | Jay Brewer     |  |
| POSITION       | Superintendent |  |
| SUBMITTED FOR: | February       |  |
| DATE           | February-22    |  |

DAYTON INDEPENDENT SCHOOLS  
TRAVEL REIMBURSEMENT FORM

All Uber rides had 4 staff members.

| DATE          | PURPOSE OF TRIP   | FROM   | TO        | # MILES | X /PER MILE<br>* | MEALS | LODGING | MISC.* | TOTAL           |
|---------------|-------------------|--------|-----------|---------|------------------|-------|---------|--------|-----------------|
|               | DHS State Bowling | Dayton | Louville  | 220     | \$ 0.44          | \$ -  | \$ -    |        | \$ 96.80        |
|               | AASA              | Dayton | Nashville | 552     | \$ 0.44          | \$ -  | \$ -    |        | \$ 242.88       |
|               |                   |        |           |         |                  | \$ -  | \$ -    |        |                 |
|               |                   |        |           |         |                  | \$ -  | \$ -    |        |                 |
|               |                   |        |           |         |                  | \$ -  | \$ -    |        |                 |
|               |                   |        |           |         |                  | \$ -  | \$ -    |        |                 |
| <b>TOTALS</b> |                   |        |           |         |                  | \$ -  | \$ -    |        | <b>\$339.68</b> |

\* 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