

IBERIA PARISH SCHOOL BOARD OUT-OF-PARISH TRAVEL REIMBURSEMENT

All expenses incurred while traveling Out-of-Parish should be listed below on a daily basis.
Receipts must be attached to this form, in proper order with 1 staple for reimbursement unless per diem rates apply.
Attach the approved Out-of-Parish travel request and travel support to this form.
Without this information, the check will not be issued.

EMPLOYEE NAME (Printed)

EMPLOYEE ADDRESS

EMPLOYEE CONTACT PHONE #

EMPLOYEE ADDRESS

	Day 1	Day 2	Day 3	Day 4	Day 5
DATES:					

1.) Registration/Conference Fees:

2.) Meals: (Per Diem-no receipts needed)	Breakfast:	N/A			
	Lunch:				
	Dinner:				

3.) Hotel/Lodging:

4.) Other Expenses:	Parking:				
	Air Fare:				
	Baggage/Handling:				
Other: _____					
Other: _____					

Subtotal of Expenses:

Vendor #	- X - - 580 - - - -	Total
	For Accounting Department Use Only	

5.) Mileage:

	Total Miles	
	Rate	\$ 0.54
Vendor #	- X - - 582 - - - -	Total
	For Accounting Department Use Only	

GRAND TOTAL:

EMPLOYEE SIGNATURE PRINCIPAL SIGNATURE SUPERVISOR SIGNATURE