

Check here if Prepayment is needed

Hotel Registration Airfare

**IBERIA PARISH SCHOOL BOARD
OUT-OF-PARISH TRAVEL REQUEST**

Per Diem Rates - No Receipts Required		
	In-State	Out-of-State
Breakfast	\$7	\$12
Lunch	\$11	\$18
Dinner	\$12	\$25
	\$30	\$55

*New Orleans only - use Out-of-State Rates
Meals only allowed with overnight stay

SUBMITTED BY: _____

DEPARTMENT/SCHOOL: _____

HOSTING ORGANIZATION: _____

MEETING SITE: _____

MEETING CITY: _____

DATES : FROM: _____

TO: _____

1. Give a short description and/or professional reason for this request:

2. Any cost to the Iberia Parish School Board is to be charged to:

Fund/Program: _____ Location: _____

(A) MILEAGE	R/T MILES	# RND/TRIPS	RATE	# DRIVING
*ATTACH WEB DIRECTIONS			\$ 0.54	

= _____ = _____ - X - - 582 - - - -

(B) SUBSTITUTE	# OF DAYS	RATE	# OF SUBS

= _____ = _____ - X - - 123 - - - -

(C) 1. HOUSING	# OF ROOMS	RATE	# OF NIGHTS

= _____
= _____

2. MEALS	MEAL	RATE	QUANTITY
	BREAKFAST		
	LUNCH		
	DINNER		

= _____
= _____
= _____

3. REGISTRATION	RATE	QUANTITY
4. AIRFARE		
5. PARKING		

= _____
= _____
= _____

(D) TOTAL COST = _____ = _____ - X - - 580 - - - - (total cost in each column must equal)

DESIGNATED DRIVER(S) _____
INDIVIDUALS ATTENDING _____

3. SUBMITTED BY: _____

Date: _____

Must be signed (NOT TYPED)

DEPT. APPROVAL: _____

Date: _____

Supervisor - Dept. Head

FUNDING REVIEW: _____

Date: _____

Accountant, Staff Accountant, Bookkeeper

DIRECTOR REVIEW: _____

Date: _____

SUPERINTENDENT OR DESIGNEE: _____

Date: _____

Support for travel must be attached!
(Web directions, Agendas, meeting notification, hotel rate verification, registration notification, etc.)
REMINDER - Tax exempt form must be submitted to hotel upon arrival. This form can be obtained from the IPSB Business Department.