

CLAIBORNE PARISH SCHOOL BOARD
2023-2024 OVER-NIGHT TRIPS
NEW ORLEANS

Date _____

EMPLOYEE NAME _____

LOCATION _____ POSITION _____

REIMBURSEMENT OF EXPENSES FOR:

Meeting: _____

Location: _____

DAILY CHARGES:	DAILY DATES					TOTAL:
	/ /	/ /	/ /	/ /	/ /	
Departure/Return Time						
Mileage @ .655						\$
Meals: (See Note below) *NOT -PER DIEM; MAX PAID						
Breakfast: * \$17.00						\$
Lunch: * \$18.00						\$
Dinner: * \$34.00						\$
Plane Fare						\$
Room*						\$
Other:* _____ (Parking, Registration, Etc.)						\$
* Itemized receipts must be attached					GRAND TOTAL: \$	
Meals: Breakfast - MUST leave before 6 A.M. Lunch - Meeting & travel MUST begin at or before 10 A.M. Dinner -Travel MUST end at or after 8 P.M.					Meals will be reimbursed according to State Policy.	

Employee Signature _____ Date _____

Supervisor/Principal Signature _____

Central Office Use Only:	
Fund: _____	Account: _____
Approval: _____	Date: _____
Approval: _____	Date: _____

Instructions for completing the travel reimbursement form

Attach:

Approved professional absence form

Mileage chart or driving directions with total mileage and map

Signed itemized receipts (food receipts must list items purchased)

Meeting agenda

Copy of meeting sign-in sheet, name badge from meeting, or attendance certificate

Calculating reimbursement amounts

Mileage: Multiply total mileage from mileage chart or driving direction by the mileage reimbursement amount listed on reimbursement form ($152 \text{ miles} \times 0.58 = \88.16)

Food: Add total of food and non-alcoholic drinks (usually the subtotal on the receipt). Do not include taxes. Receipts must be itemized listing all items purchased.

Allowable tip: Multiply total of food and non-alcoholic drinks (usually the subtotal on the receipt) by 18% allowance for tip ($\$15.86 \times 0.18 = \2.85). If you tipped less than 18% of the subtotal, the tip allowance will be the amount of the actual tip.

Meal total: Add total of food above plus total of tip above ($\$15.86 + \$2.85 = \$18.71$) If you tipped less than 18% of the subtotal, add total of actual tip ($\$15.86 + \$2.00 = \$17.86$). If you did not tip, reimbursement will be the total amount of food above ($\$15.86$). If this meal was for breakfast and the breakfast allowance is $\$16.00$, the meal reimbursement will equal $\$16.00$ if a tip was included and $\$15.86$ if tip was not included.

Plane fare: Airfare plus reasonable baggage charges. The school board reserves the right to determine reasonableness of baggage charges.

Hotel: Total room charges minus any state taxes. Occupancy taxes and resort fees are allowable charges.

Other: Add total parking fees minus any taxes and/or registration fees minus any taxes.

This form must be free of corrections, markouts, or whiteouts.