

**CALCASIEU PARISH SCHOOL BOARD**

*Form NP-H*

***Application for Mileage Reimbursement for Driving Out-of-State***

Please email this form to: [federalprogramsrosteet@cpsb.org](mailto:federalprogramsrosteet@cpsb.org)

**Non Public School:** \_\_\_\_\_ **Email:** [federalprogramsrosteet@cpsb.org](mailto:federalprogramsrosteet@cpsb.org)

**Employee Name:** \_\_\_\_\_

**Number of Employees traveling from your site:** \_\_\_\_\_

**Names of Employees riding in your vehicle:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Destination:** \_\_\_\_\_

**Conference Name:** \_\_\_\_\_

**Conference Address:** \_\_\_\_\_

\_\_\_\_\_

**Date(s) of trip** \_\_\_\_\_

- Employees are paid the lower of mileage or air fare
- Employees are to carpool. If employees do not carpool, the rate is split between those driving.
- Employees are not paid extra days for meals or lodging because they choose to drive.

**For Internal Auditing Use:**

**Reimbursable Amount: \$** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Internal Auditor**

A COPY OF THIS FORM MUST BE ATTACHED TO THE TRAVEL REIMBURSEMENT FORM

*Revised July 2022*