

**NON-PUBLIC SCHOOL TITLE II MEAL REIMBURSEMENT
FOR OUT OF PARISH TRAVEL**

Form NP-I

SCHOOL NAME: _____

NON-PUBLIC SCHOOL EMPLOYEE NAME: _____

CONFERENCE/TRAINING NAME: _____

CONFERENCE DATE: _____

DESTINATION: _____

Employees will be reimbursed for meals pursuant to the schedule herein while traveling as follows:
(AS PER CPSB POLICY DJC)

| | Regular Cost <u>Travel Areas</u> | High Cost <u>Travel Areas</u> |
|----------------------|--|---|
| Breakfast | \$ 9.00 | \$ 11.00 |
| Lunch | \$13.00 | \$15.00 |
| Dinner | \$20.00 | \$26.00 |
| Total for Day | \$42.00 | \$52.00 |

PLEASE INDICATE DATE, MEAL(S), AND AMOUNT CLAIMED FOR ATTACHED TRIP
USING CHART ABOVE.

| DATE | BREAKFAST | LUNCH | DINNER | TOTAL |
|--------------------|------------------|--------------|---------------|--------------|
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| GRAND TOTAL | | | | |

*Please Email: federalprogramsrosteet@cpsb.org
within 10 days upon returning from PD travel.*

Revised 2022