

# FEDERAL PROGRAMS

## Quick Reference Guide

### Title I

### Procedures & Forms

for

**CALCASIEU PARISH**  
PUBLIC SCHOOLS

FEDERAL PROGRAMS DIRECTOR, JOHN SPIKES



Building Foundations for the Future

*Revised May 2024*

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**CPSB Federal Programs Checklist 2024/2025**

**AUGUST**

Date Due	Date Sent/Posted	Federal Program Dept.	Activity/Form
08/07/24		McKinney-Vento Homeless	Distribution of Homeless Uniforms may begin
8/30/24		I	Budget Revision #1 <b>BY EMAIL</b> by noon
8/28-8/30/24		I / VII	<ul style="list-style-type: none"> <li>Budget 101 Meetings (9:00 A.M. and 1:00 P.M.) by Appointment</li> <li>Budget Revision #1, <b>BY APPT.</b> w/LaTarsha</li> <li>All Title I Employee schedules (Para &amp; Teachers)-Mr. Vail post on <b>FPDD</b></li> <li>Title I Contact Information Form on post on <b>FPDD</b></li> <li>Title VII Homeless School Contacts Form FY 24/25 post on <b>FPDD</b></li> </ul>
8/30/24		Title VII Homeless	Title VII Homeless/Foster Care Webinar Training Certificate posted on <b>FPDD</b>

**SEPTEMBER**

Date Due	Date Sent/Posted	Federal Program Dept.	Activity/Form
9/13/24		FE / III	<ul style="list-style-type: none"> <li>School Representative, Chair and Co-Chair Forms Schedules of Monthly School ATP meetings</li> <li>1 Yr 2024/2025 Family Engagement Action Plan</li> <li>Family Engagement Policy &amp; Student Compacts w/Adoption date</li> <li>Post all Forms on <b>FPDD</b></li> <li>HLS-Title III Attestation Form post on <b>FPDD</b></li> </ul>
9/27/24		I	Certification Attestation Form post on <b>FPDD</b>
9/27/24		Safe & Drug Free Schools	SAPE Team Form A post on <b>FPDD</b>

**OCTOBER**

Date Due	Date Sent/Posted	Federal Program Dept.	Activity/Form
10/18/24		I	<b>50%</b> encumbered/Requested for all Instructional Supplies only
TBD		FE	<ul style="list-style-type: none"> <li>NNPS/ATP Training New Members</li> <li>NNPS/ATP Celebration</li> </ul>

**DECEMBER**

Date Due	Date Sent/Posted	Federal Program Dept.	Activity/Form
12/04/24		I	<ul style="list-style-type: none"> <li><b>100%</b> encumbered/Requested for all Instructional and Family Engagement Supplies only</li> </ul>

**MARCH**

Date Due	Date Sent/Posted	Federal Program Dept.	Activity/Form
3/06/25		I	<ul style="list-style-type: none"> <li>Deadline for <b>all</b> 2024/2025 R for E by <b>12:00 Noon</b></li> </ul>

**MAY**

Date Due	Date Sent/Posted	Federal Program Dept.	Activity/Form
TBD		FE	Spring ATP Training
5/02/25		S & DFS	SAPE Mandated Drug Education Forms post on <b>FPDD</b>
5/16/25		Title VII Homeless	Deadline for Title VII McKinney-Vento reimbursements ( <b>Form F</b> )
5/23/25		I	Deadline to earn stipend & submit Supplemental Pay form for 2024/2025 ( <b>NO</b> Projected Supplemental Pay)
TBD		I	Title I Principal's Meeting

**JUNE**

Date Due	Date Sent/Posted	Federal Program Dept.	Activity/Form
TBA		I	Title I Principal's Meeting

**JULY**

7/01/25		I	<b>Begins 2025/2026 Title I Year</b>
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## Basic steps for Federal Programs Request for Expenditure

Email Request for Expenditure and all required documentation to [federal.programs@cpsb.org](mailto:federal.programs@cpsb.org) prior to activity. Required documentation is subject to change throughout the year upon auditor requests.

Federal Programs verifies that all required information is complete, then it will be forwarded to Funds Coordinator to verify that funds are available

Request for Expenditure will be forwarded to the Supervisor and/or Director to approve or disapprove the activity based on cost allowability and reasonableness and also, in conjunction with preapproved School Wide Plan

The completed Request for Expenditure will be emailed Approved or Disapproved to the originator  
(Check on R/E if not received within 2 weeks)

- To type in information, “double click” on form below, it will appear at bottom of the screen.
- Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

Revision 7/18  
 FP-100-700

School/Consultant: **REQUEST #:**  
 Funding Source: **Location Code** **Date (MMDD)** **Number**

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: **Total Cost:**  
 Activity: **Date(s):**

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: **Total Cost:**  
 Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: **Total Cost:**  
 Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: **Total Cost:**  
 Payment to:  
 Travel - Conference Name: **Date(s):**  
 # of Registrants: **TOTAL Reg. Fees:** **Hotel:**  
 Meals: **Mileage:** **Airfare:**  
 Miscellaneous: **Cost:**

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: **Total Cost:**  
 Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: **Total Cost:**

COMMENTS OR NOTES

For Title IV ONLY: select one of the following **Safe & Healthy** **Well-Rounded** **Technology PD**

APPROVALS

Request Preparer: **Date:**

Principal/Consultant: **Date:**

FP Funds Coordinator: **Funds Available:** **Date:**

FP Supervisor: **Approved** **Date:**

FP Director **Approved** **Date:**

**COMMENTS OR NOTES (IF DISAPPROVED)**

# Procedures for Title I Admission Tickets

Prior to Activity

Request for Expenditure Form **FP 100/700** with SWP page (must be instructional) Superintendent Request for Conference Travel or Field Trip -- Out of State -- Activity, date, estimated cost (NO MEALS or T-SHIRTS ALLOWED)-- submitted for approval by the Federal Programs Department

Upon Completion

Title I will reimburse the school

***R/E # on all reimbursement documentation***: itemized receipt for admission tickets, signed and dated by vendor, and copy of cancelled school check

List of students that attended the field trip

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Revision 1/18  
FP-100-700

**Calcasieu Parish School Board - Federal Programs**  
**REQUEST FOR EXPENDITURE OF FUNDS**

School/Consultant: **REQUEST #:**

Funding Source: **Location Code**      **Date (MMDD)**      **Number**

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: **Total Cost:**  
Activity: **Date(s):**

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: **Total Cost:**  
Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: **Total Cost:**  
Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: **Total Cost:**  
Payment to:

Travel - Conference Name: **Date(s):**  
# of Registrants: **TOTAL Reg. Fees:**      **Hotel:**  
Meals: **Mileage:**      **Airfare:**  
Miscellaneous: **Cost:**

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: **Total Cost:**  
Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: **Total Cost:**

COMMENTS OR NOTES

For Title IV ONLY: select one of the following      Safe & Healthy      Well-Rounded      Technology PD

APPROVALS

Request Preparer: **Date:**

Principal/Consultant: **Date:**

FP Funds Coordinator: **Funds Available:**      **Date:**

FP Supervisor: **Approved**      **Date:**

FP Director **Approved**      **Date:**

**COMMENTS OR NOTES (IF DISAPPROVED)**

## Procedures for Title I Charter Bus Driver

Six (6) weeks Prior to Activity

Request for Expenditure Form **FP 100/700** with SWP page, Charter Bus Quote, Approved CPSB Transportation's Trip Tracker Request Form along with Approved Trip Tracker, 6 weeks Prior to Activity-submitted for approval by the Federal Programs Department

Read Risk Management's requirements and guide lines  
See Memo

Contract with Principal's Signature (NO DEPOSITS)



- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

Revision 5/08  
 FP-100-700

School/Consultant: **REQUEST #:**  
 Funding Source: **Location Code** **Date (MMDD)** **Number**

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: **Total Cost:**  
 Activity: **Date(s):**

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: **Total Cost:**  
 Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: **Total Cost:**  
 Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: **Total Cost:**  
 Payment to:  
 Travel - Conference Name: **Date(s):**  
 # of Registrants: **TOTAL Reg. Fees:** **Hotel:**  
 Meals: **Mileage:** **Airfare:**  
 Miscellaneous: **Cost:**

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: **Total Cost:**  
 Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: **Total Cost:**

COMMENTS OR NOTES

For Title IV ONLY: *select one of the following* **Safe & Healthy** **Well-Rounded** **Technology PD**

APPROVALS

Request Preparer: **Date:**

Principal/Consultant: **Date:**

FP Funds Coordinator: **Funds Available:** **Date:**

FP Supervisor: **Approved** **Date:**

FP Director: **Approved** **Date:**

**COMMENTS OR NOTES (IF DISAPPROVED)**



To: All Principals  
From: Jay Bergeron, Risk Manager  
Date: May 18, 2023  
Subject: Certification of Charter Bus Services

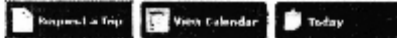
Calcasieu Parish School Board requires that any charter bus services that are hired, are certified for either interstate or intrastate services through the Louisiana Public Service Commission.

If you have any questions regarding a charter service's certification, please call Tammy Burl with the Transportation Department of the Louisiana Public Service Commission at (225) 342-1430 or Toll-Free at 1-888-342-5717.

A list of approved charter bus services is included. If you do not see the company you are looking for, you may call or email Ms. Burl at [Tammv.Burl@LA.GOV](mailto:Tammv.Burl@LA.GOV). The list is updated monthly on their website [www.lpsc.louisiana.gov](http://www.lpsc.louisiana.gov). Select Regulatory Information, then select Transportation & Pipelines. In the menu on the right side of that page, select Carrier Regulations and Applications, then scroll down under Section 3 and select "List of Current Active Bus Carriers..."

**PLEASE MAKE COPIES AND GIVE TO SECRETARIES, COACHES, TEACHERS AND BAND DIRECTORS.**

*Building Foundations for the Future*



Trip Request

Status: Unsubmitted

- Cancel
- Reactivate
- Clone
- Close
- Delete

- Approve
- Reject

[Info Details](#) | [Trip Estimate](#) | [Directions](#) | [Scheduling](#) | [Completion](#) | [Invoicing](#) | [Payment](#) | [Trip History](#) | [Attachments \(0\)](#)

Trip Details

**\*\*ATTENTION\*\* BUS DRIVERS MUST HAVE A LIST OF STUDENTS ON FIELD TRIP BEFORE DEPARTING THE SCHOOL CAMPUS. THIS LIST MUST INCLUDE STUDENT'S NAME AND DATE OF BIRTH. WITHOUT THIS INFORMATION ON BOARD, THE DRIVER CANNOT LEAVE YOUR CAMPUS. ALSO DRIVERS MUST HAVE THEIR DRIVER TRIP SHEET IN HAND WHICH INDICATES THAT THE TRIP HAS BEEN APPROVED AND ALL THE CORRECT INFORMATION OF THE DRIVER IS LISTED ON THE SHEET. NO ACTIVITY BUSES ALLOWED FOR IN PARISH TRIPS.**

Trip Name:

Trip Date:

Trip Type:

Activity Type:

Reason for Trip:

Approved:

Requester:

Requester List:

Account Notes:

PO Number:

Origin:

One Way Trip:

Departure Date:

Departure Time:

Return Date:

Return Time:

Destinations

Destination:  Can't find your destination in the list? [Click here to add a new location...](#)

Order	Address	City	State	Zip
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Click here to add the school location to the list of destinations for this trip.

No destinations have been added for this trip.

Number of:  Adults  Students  Nonstudents  Teachers  Special Accommodations

Contact Name:

Contact Phone:

Notes:

ACTIVITY BUS



Trip Request - Trip ID: 24379 Zoosiana

Viewing record #2 of 2 search results: Previous | Next

Status: **Approved**

[Trip Details](#) | [Trip Estimate](#) | [Directions](#) | [Scheduling](#) | [Completion](#) | [Invoicing](#) | [Payment](#) | [Trip History](#) | [Attachments \(0\)](#)

- Cancel**
- Reactivate**
- Clone**
- Close**
- Delete**
  
- Approve**
- Reject**

Trip History

Date/Time	Status	Comment	Username	Email Log
3/6/2023 12:10 PM	Requested	Trip Submission.	[REDACTED]	3 Emails
3/6/2023 12:13 PM	Requested		[REDACTED]	2 Emails
3/6/2023 4:45 PM	Requested		[REDACTED]	6 Emails
3/8/2023 8:59 AM	Requested		aaron.mcdonald (MCDONALD, AARON)	1 Email
3/8/2023 9:19 AM	<b>Approved</b>		robert.barrentine (BARRENTINE, ROBERT)	1 Email

## Procedures for Title I CPSB School Bus

Six (6) weeks Prior to Activity

Request for Expenditure Form **FP 100/700** (Include activity, date, estimated cost, Apporved CPSB Transportation's Trip Tracker Request Form along with Approved Trip Tracker, and the (SWP page) -- Request and Approvals need to be attached. One per activity submitted for approval by the Federal Programs Department

Upon Completion

***R/E # on all reimbursement documentation***  
Supplemental Pay Form **S-507**  
(must have dates, times, and number of hours)

Tutorial Program -- Federal Programs Sign in Form  
**FP 100-4A** (signed in and out daily)  
***R/E # on all reimbursement documentation***

Strike overs and/or alterations on Sign in Form **FP 100-4A** are audit exceptions that will require Principal to initial any changes (***white out is not allowed***)

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

Revision 5/18  
 FP-100-700

School/Consultant: **REQUEST #:**  
 Funding Source: **Location Code** **Date (MMDD)** **Number**

**STIPENDS, SUBSTITUTES, BUS DRIVERS**

Type of Expenditure: **Total Cost:**  
 Activity: **Date(s):**

**TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)**

Type of Expenditure: **Total Cost:**  
 Payment to:

**COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)**

Type of Expenditure: **Total Cost:**  
 Payment to:

**ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL**

Type of Expenditure: **Total Cost:**  
 Payment to:  
 Travel - Conference Name: **Date(s):**  
 # of Registrants: **TOTAL Reg. Fees:** **Hotel:**  
 Meals: **Mileage:** **Airfare:**  
 Miscellaneous: **Cost:**

**SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES**

Type of Expenditure: **Total Cost:**  
 Payment to:

**EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)**

Payment to: **Total Cost:**

**COMMENTS OR NOTES**

For Title IV **ONLY**: *select one of the following* **Safe & Healthy** **Well-Rounded** **Technology PD**

**APPROVALS**

Request Preparer: **Date:**

Principal/Consultant: **Date:**

FP Funds Coordinator: **Funds Available:** **Date:**

FP Supervisor: **Approved** **Date:**

FP Director **Approved** **Date:**

**COMMENTS OR NOTES (IF DISAPPROVED)**

Payroll Use Only
Validated:
Imported:
Posted:

**CALCASIEU PARISH SCHOOL BOARD  
SUPPLEMENTAL PAY FORM SUMMARY**

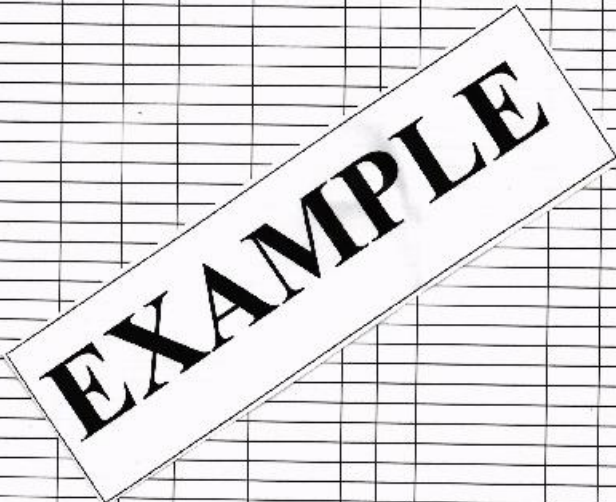
Revised: Jun. 30, 2010

School / Department: \_\_\_\_\_

DATE: \_\_\_\_\_

Listed below is a summary of employees paid—see attached supplemental pay forms.

	Employee Name	Employee ID	Hours	Pay rate	Pay Amount	Pay Code	Job Class	Budget Unit	Acct Code	Description of Service
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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29										
30										
31										
32										
33										
34										
35										
Total Amount for this page					\$					



**PLEASE COMPLETE**

Originator Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*For School Use Only*

School Check # \_\_\_\_\_

Amount of check \_\_\_\_\_

REQUESTED BY:

APPROVED BY:

\_\_\_\_\_  
PRINCIPAL/SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADMIN DIRECTOR/DEPT. HEAD SIGNATURE

\_\_\_\_\_  
DATE

NOTE: IF SUPPLEMENTAL PAY IS BEING PAID BY A SCHOOL FUND, PLEASE ATTACH YOUR SCHOOL CHECK TO THIS FORM.

**CALCASIEU PARISH SCHOOL BOARD  
SUPPLEMENTAL PAY SHEET**

Job Class: \_\_\_\_\_  
Pay Code: \_\_\_\_\_  
Payroll Use Only

Example: XXXX-XXXX-XX-XXX-XXX

(First Name Last Name, ex: John Doe)

Employee ID: \_\_\_\_\_  
0

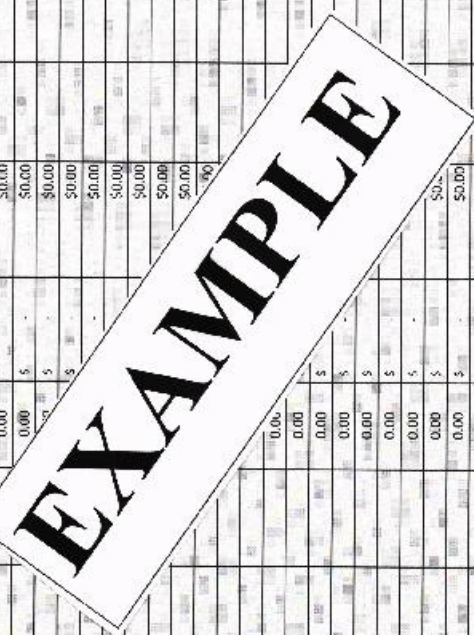
Description of Services  
Select Job Title \_\_\_\_\_

Budget Unit: \_\_\_\_\_  
Account Code \_\_\_\_\_

School/Department \_\_\_\_\_

Job Title \_\_\_\_\_

Dates Worked	Time of Day		Number Hours	\$ Rate Per Unit	Subtotal	Additional Pay (if applicable)	Total Amount to be Paid	School Acct #
	Begin	End						
1			0.00		\$0.00		\$0.00	
2			0.00		\$0.00		\$0.00	
3			0.00		\$0.00		\$0.00	
4			0.00		\$0.00		\$0.00	
5			0.00		\$0.00		\$0.00	
6			0.00		\$0.00		\$0.00	
7			0.00		\$0.00		\$0.00	
8			0.00		\$0.00		\$0.00	
9			0.00		\$0.00		\$0.00	
10			0.00		\$0.00		\$0.00	
11			0.00		\$0.00		\$0.00	
12			0.00		\$0.00		\$0.00	
13			0.00		\$0.00		\$0.00	
14			0.00		\$0.00		\$0.00	
15			0.00		\$0.00		\$0.00	
16			0.00		\$0.00		\$0.00	
17			0.00		\$0.00		\$0.00	
18			0.00		\$0.00		\$0.00	
19			0.00		\$0.00		\$0.00	
20			0.00		\$0.00		\$0.00	
21			0.00		\$0.00		\$0.00	
22			0.00		\$0.00		\$0.00	
23			0.00		\$0.00		\$0.00	
<b>TOTAL HOURS/DAYS</b>			0.00	\$	\$	\$	\$	



Originator Name: 0  
Phone Number: 0

School Check # 0  
Check Amount \$0.00



- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

**Federal Programs Stipend Sign In Form**

**FP 100-4A**

**School:** \_\_\_\_\_ **Approved Request #** \_\_\_\_\_

**Activity or Program:** \_\_\_\_\_

*Please indicate the program that applies to these stipends:*

Title I Tutorial

Title I Professional Development

Title II Professional Development

Title III Tutorial

Title III Professional Development Programs

Title IV  Safe & Healthy  Well Rounded Education  Technology PD/Technology Infrastructure

**\* Attach Supplemental Pay Form S-507**

**\* Attach Agenda, if applicable**

Sign in for Stipend Pay Documentation					
NAME: Please check one:		Emp. I.D. #	**SECTION MUST BE HANDWRITTEN**		
<input type="checkbox"/> Bus Driver <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher	Date		Time In	Time Out	Signature

*This is to certify that the below individuals have worked 100% of their time during the period of \_\_\_\_\_ through \_\_\_\_\_ under the Title I Tutorial, Title I PD, Title II PD, Title III Tutorial or Title III PD Programs.*

**Principal’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Trip Request

Status: Unsubmitted

- Cancel
- Reauthorize
- Close
- Close
- Delete

- Approve
- Reject

[Trip Details](#) | 
 [Trip Estimate](#) | 
 [Directions](#) | 
 [Scheduling](#) | 
 [Completion](#) | 
 [Invoicing](#) | 
 [Payment](#) | 
 [Trip History](#) | 
 [Attachments \(0\)](#)

#### Trip Details

**\*\*ATTENTION\*\* BUS DRIVERS MUST HAVE A LIST OF STUDENTS ON FIELD TRIP BEFORE DEPARTING THE SCHOOL CAMPUS. THIS LIST MUST INCLUDE STUDENT'S NAME AND DATE OF BIRTH. WITHOUT THIS INFORMATION ON BOARD, THE DRIVER CANNOT LEAVE YOUR CAMPUS. ALSO DRIVERS MUST HAVE THEIR DRIVER TRIP SHEET IN HAND WHICH INDICATES THAT THE TRIP HAS BEEN APPROVED AND ALL THE CORRECT INFORMATION OF THE DRIVER IS LISTED ON THE SHEET. NO ACTIVITY BUSES ALLOWED FOR IN-PARISH TRIPS.**

Trip Name:  Trip Date:

Trip Type:  Activity Type:

Reason for Trip:

Account:

Requester:  Forward Requester List

Account Notes:

PO Number:

Origin:  One Way Trip

Departure Date:  Departure Time:

Return Date:  Return Time:

#### Destinations

Destination:  Can't find your destination in the list? [Click here to add a new location...](#)

Address	City
Address	City
Address	City

Click "Add" to add the selected location to the list of destinations for this trip.

No passengers have been added for this trip.

Adults:  Students:  Teachers:  Parents:  Special Accommodations:

Contact Name:  Contact Phone:

Notes

ACTIVITY BUS



Trip Request - Trip ID: 24379 Zoosiana

Viewing record #2 of 2 search results: Previous | Next

Status: **Approved**

- Cancel**
- Reactivate**
- Clone**
- Close**
- Delete**
- Approve**
- Reject**

[Trip Details](#) | [Trip Estimate](#) | [Directions](#) | [Scheduling](#) | [Completion](#) | [Invoicing](#) | [Payment](#) | [Trip History](#) | [Attachments \(0\)](#)

Trip History

Date/Time	Status	Comment	Username	Email Log
3/6/2023 12:10 PM	Requested	Trip Submission.	[REDACTED]	3 Emails
3/6/2023 12:13 PM	Requested		[REDACTED]	2 Emails
3/6/2023 4:45 PM	Requested		[REDACTED]	6 Emails
3/8/2023 8:59 AM	Requested		aaron.mcdonald (MCDONALD, AARON)	1 Email
3/8/2023 9:19 AM	<b>Approved</b>		robert.barrentine (BARRENTINE, ROBERT)	1 Email

FILE: EDDA-AP  
Cf: EDDA

**CALCASIEU PARISH SCHOOLS  
ADMINISTRATIVE PROCEDURES**

**SUBJECT: SPECIAL TRIPS – SCHOOL**

**Revised: July 22, 2014**

**1. MAXIMUM FEE SCHEDULE FOR BUS OPERATORS – SPECIAL TRIPS**

**A. One Day Trip**

Bus operators shall be paid per the schedule below, subtracting two (2) hours per A.M and P.M route missed.

\$10.00	Per Hour Departure and Return
\$12.00	Minimum Show – Up Fee
\$32.00	Minimum Trip Fee

Meals provided per policy schedule- out of Parish Calcasieu Parish School Board trips only unless provided by eating establishment.

**B. Certified Substitute Bus Operators**

\$10.00	Per Hour Departure and Return
\$12.00	Minimum Show – Up Fee
\$32.00	Minimum Trip Fee

Meals provided per policy schedule- out of Parish Calcasieu Parish School Board trips only unless provided by eating establishment.

**C. Overnight Trips**

Bus operators shall be paid per the schedule below, subtracting two (2) hours per A.M and P.M route missed.

\$10.00 Per Hour Departure until Return

\$12.00 Minimum Show-Up Fee

Lodging-Single occupancy room provided

and the fee must not exceed the maximum fee schedule. Attach a check made payable to Calcasieu Parish School Board with the reimbursement form. (See Attached)

2. Schools may use a substitute or certified operator and pay no more than the maximum fee schedule.

E. Bus Operators May Donate Their Service

2. THE PAYROLL WILL REMAIN AS FOLLOWS:

A. If a trip overlaps into any part of a school day necessitating the hiring of a substitute operator for the regular route, the following guidelines will be used:

1. The regular operator is to be reported on a supplemental form for driving the special trip. (Attach Check)
2. Substitute operators will sign in at the school where the regular operator receives his/her check.
3. The school making the trip assumes the responsibility of payment for the substitute. Report the hiring of a substitute operator on your regular bus operator's time sheet.

B. Cost of fuel used for special trips will be the responsibility of the school making the trip. This may be waived by the Supervisor of Transportation if the trip is short and the fuel cost is nominal.

C. Operators may leave during a trip without being docked, however before operators leave, they must exchange phone numbers with the sponsor and have a phone nearby to answer the call. Operator must also be within reasonable distance from destination of the event in case of unforeseen circumstances and be able to return in a reasonable time for an emergency situation.

D. The Calcasieu Parish School Board will supply the necessary buses for special trips. No rental fees are charged for use of buses.

E. Spare buses needed for special trips will be distributed to schools on a first come first call basis.

F. For special trips made at times other than during the regular driving hours (Saturday), the school will only be responsible for:

1. The wages of the operator
2. The cost of fuel
3. Meals provided per policy schedule out of parish Calcasieu Parish School Board trips only unless provided by eating establishment.

3. EXAMPLE OF SPECIAL TRIPS WITH RELATED FEE

A. School A takes a school field trip. Students do not leave school until 10:00 A.M. and return by 11:00 A.M. Operator receives \$32.00.

Explanation: \$12.00 Show Up Fee

10.00 \$10.00 per hour (1 hour)  
 \$22.00

Earned fee does not meet minimum fee of \$32.00; therefore, the operator receives the minimum fee.

B. School B takes a trip and the departure is 12:30 P.M. and returns to school at 10:00 P.M. Operator receives \$87.00.

Explanation: \$42.00 Show Up Fee  
75.00 \$10.00 7 ½ hours  
 \$87.00

12:30-2:00= 1 ½ hours X \$10.00 = \$15.00  
 2:00-4:00 P.M. Route = \$0.00  
 4:00-10:00= 6 hours X \$10.00 = \$60.00

C. School C takes a daylong trip. Students leave school at 6:30 A.M. and return to school at 8:30 P.M. The operator's fee is \$117.00.

Explanation: \$12.00 Show Up Fee  
105.00 \$10 ½ hours X \$10.00  
 \$117.00

8:00 – 2:00 = 6 hours X \$10.00 = \$ 60.00 (Normal Route Time)  
 6:00 – 8:00 A.M. – 2:00– 4:00 P.M. = \$0.00  
 4:00 P.M.- 8:30 P.M = 4 ½ hours X \$10.00 = \$45.00

Ref: Board minutes, 3-12-03, 11-5-08, 9-9-14

Calcasieu Parish School Board

Procedures for Title I Professional Services  
Purchase Educational Services -- Contract Speaker

Six (6) weeks Prior to Activity

Request for Expenditure Form **FP 100/700** along with SWP page (must be instructional) -- one per activity submitted for approval by the Federal Programs Department

Attach a copy of the Contract Forms **FP 300-1 & S-514, W-9 for New Vendors** completed and approved by Administrative Director and Superintendent. If working with students, the person must have a background check on file with the Personnel Department.  
*(No other Contracts will be accepted)*

Upon Completion

Invoice signed and dated by school principal, agenda, and Federal Programs Sign in Form **FP 100-4A**  
(Stipend sign in and out or Attendance sign in) **FP 100-4E**  
***R/E # on all reimbursement documentation***

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

Revision 5/18  
 FP-100-700

School/Consultant: **REQUEST #:**

Funding Source: **Location Code** **Date (MMDD)** **Number**

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: **Total Cost:**  
 Activity: **Date(s):**

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: **Total Cost:**  
 Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: **Total Cost:**  
 Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: **Total Cost:**  
 Payment to:  
 Travel - Conference Name: **Date(s):**  
 # of Registrants: **TOTAL Reg. Fees:** **Hotel:**  
 Meals: **Mileage:** **Airfare:**  
 Miscellaneous: **Cost:**

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: **Total Cost:**  
 Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: **Total Cost:**

COMMENTS OR NOTES

For Title IV ONLY: select one of the following **Safe & Healthy** **Well-Rounded** **Technology PD**

APPROVALS

Request Preparer: **Date:**

Principal/Consultant: **Date:**

FP Funds Coordinator: **Funds Available:** **Date:**

FP Supervisor: **Approved** **Date:**

FP Director **Approved** **Date:**

**COMMENTS OR NOTES (IF DISAPPROVED)**



- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

**CALCASIEU PARISH SCHOOL BOARD**  
 3310 Broad St. Lake Charles, LA 70615  
*Form #1 of 2*

FP 300-1
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**PURCHASED PROFESSIONAL EDUCATIONAL/TECHNICAL SERVICES**

(The person performing the professional services warrants that he has not employed or retained any company or person, other than a bona fide employee working solely for him, to solicit or secure this agreement, and that he has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for him, any fee, commission, percentage, gift, or any other consideration, contingent upon or resulting from the award or making of this agreement. For the breach or violation of this provision, the agency shall have the right to terminate the agreement without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.)

**FEDERAL PROGRAMS CONTRACT PROPOSAL**

Name: (vendor, firm, individual) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Describe services to be rendered: \_\_\_\_\_

\_\_\_\_\_

I will perform the above stated services for the contracted costs shown below:

Dates of Service: \_\_\_\_\_

Fee: \_\_\_\_\_

Airfare: \_\_\_\_\_

Taxi Fare: \_\_\_\_\_

Private Vehicle: \_\_\_\_\_

(Mileage reimbursement as per CPSB Policy) \*(No rental cars allowed with Title II Funds)\*

Hotel/Meals: \_\_\_\_\_

Total: \_\_\_\_\_

*Individual as Consultants Form (Form #2 of 2) must accompany this contract or it will be denied. Upon completion of services an invoice signed and dated by the School Principal is needed to process payment.*

**SIGNATURES OF CONTRACT APPROVAL**

Vendor: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant/ Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Director: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Federal Programs: \_\_\_\_\_ Date: \_\_\_\_\_

CPSB Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_



**Individual as Independent Contractor**

The Calcasieu Parish School Board has historically paid independent contractors through the Accounts Payable Department. Some of these independent contractors are retired employees and are subject to retirement deductions from any earnings paid by the school system. It has become critical that the Payroll and Accounts Payable Departments be aware of whether an independent contractor has ever been a member of the Teachers' Retirement System of Louisiana or Louisiana School Employees' Retirement System.

To insure that proper retirement contributions are withheld, if required, all requests for payments by independent contractors must have this form attached with the questions below completed and signed by the independent contractor.

Contractor Name:

Social Security #:

School System:

Yes No I am currently contributing as an active employee in:

Teachers' Retirement System

School Employees' Retirement System

Yes No I am currently receiving retiree benefits through:

Teachers' Retirement System

School Employees' Retirement System

Yes No I have retired within the last 12 months from: Date:

Teachers' Retirement System

School Employees' Retirement System

Please complete, print and have independent contractor sign and date.

Signature:

Date:

*Building Foundations for the Future*

Administrative Offices 3310 Broad Street Lake Charles, LA 70615 Phone 337.217.4000 Fax 337.217.4051

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

## Federal Programs Stipend Sign In Form

FP 100-4A

School: \_\_\_\_\_ Approved Request # \_\_\_\_\_

Activity or Program: \_\_\_\_\_

Please indicate the program that applies to these stipends:

- Title I Tutorial
- Title I Professional Development
- Title II Professional Development
- Title III Tutorial
- Title III Professional Development Programs
- Title IV    Safe & Healthy    Well Rounded Education    Technology PD/Technology Infrastructure

\* Attach Supplemental Pay Form S-507

\* Attach Agenda, if applicable

Sign in for Stipend Pay Documentation				
NAME:		**SECTION MUST BE HANDWRITTEN**		
Please check one:	Emp. I.D. #	Date	Time In	Time Out
<input type="checkbox"/> Bus Driver <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher				Signature

This is to certify that the below individuals have worked 100% of their time during the period of \_\_\_\_\_ through \_\_\_\_\_ under the Title I Tutorial, Title I PD, Title II PD, Title III Tutorial or Title III PD Programs.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

FP 100-4E

**Federal Programs Attendance Sign In Form**

School: \_\_\_\_\_ Approved Request #: \_\_\_\_\_

Activity/Program: \_\_\_\_\_

**\*Attach Agenda, if applicable**

Sign in for Attendance Documentation Only – No Stipend Pay		
** MUST BE HANDWRITTEN**		
Name	Date	Signature

Principal’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Procedures for Title I New Copier/Lease Maintenance Agreement

Prior to Activity meet with Federal Programs Department  
if \$5000.00 or more (if less, it is considered a supply)

Request for Expenditure Form **FP 100/700** with SWP page --  
submitted for approval by the Federal Programs Department

Contract approved by CPSB Purchasing Agent

Contract signed by principal and vendor reflecting annual cost,  
number of years, documentation fee and property tax

Upon Receipt of Invoice  
*R/E # on all reimbursement documentation*

Sign and date invoice and submit it to the  
Federal Programs Department  
*R/E # on all reimbursement documentation*

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Revision 5/20  
FP-100-700

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

School/Consultant: \_\_\_\_\_ REQUEST #: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Location Code: \_\_\_\_\_ Date (MMDD): \_\_\_\_\_ Number: \_\_\_\_\_

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

Travel - Conference Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

# of Registrants:	TOTAL Reg. Fees:	Hotel:
Meals:	Mileage:	Airfare:
Miscellaneous:		Cost:

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: \_\_\_\_\_ Total Cost: \_\_\_\_\_

COMMENTS OR NOTES

For Title IV ONLY: select one of the following    Safe & Healthy    Well-Rounded    Technology PD

APPROVALS

Request Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

FP Funds Coordinator:	Funds Available:	Date:
FP Supervisor:	Approved	Date:
FP Director	Approved	Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**

**Procedures for Title I Property Services**  
**Existing Copier Rental & Maintenance Contracts**

Prior to Activity

New contracts must follow procedures below.

Request for Expenditure Form **FP 100/700** with SWP page -- submitted for approval by the Federal Programs Department  
**Principal must meet with the Federal Programs Director in May**

POs will be generated for existing contracts after July 1

**DO NOT ACCEPT A NEW MACHINE WITHOUT A TITLE I PURCHASE ORDER**  
Machines shall not be delivered on a "trial basis".

Copiers rented with Title I funds must be located in teacher workrooms. Title I equipment not be located in administrative offices.

School Responsible for:

- Late Fees
- Return of Machine
- Property Tax

Invoice directly to:

- Calcasieu Parish School Board
- Federal Programs -- School Name:  
\_\_\_\_\_
- 3310 Broad Street
- Lake Charles, Louisiana 70615

***R/E # on all reimbursement documentation***

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

Revision 5/16  
 FP-100-700

School/Consultant: **REQUEST #:**  
 Funding Source: Location Code Date (MMDD) Number

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: Total Cost:  
 Activity: Date(s):

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: Total Cost:  
 Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: Total Cost:  
 Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: Total Cost:  
 Payment to:  
 Travel - Conference Name: Date(s):  
 # of Registrants: TOTAL Reg. Fees: Hotel:  
 Meals: Mileage: Airfare:  
 Miscellaneous: Cost:

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: Total Cost:  
 Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: Total Cost:

COMMENTS OR NOTES

For Title IV ONLY: select one of the following Safe & Healthy Well-Rounded Technology PD

APPROVALS

Request Preparer: Date:

Principal/Consultant: Date:

FP Funds Coordinator: Funds Available: Date:

FP Supervisor: Approved Date:

FP Director: Approved Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**



Procedures for Title I Property Services  
New Copier Rental & Maintenance Contracts

Prior to Activity meet with Title I Supervisor  
if \$5000.00 or more (if less, it is considered a supply)

Request for Expenditure Form **FP 100/700** with SWP page --  
submitted for approval by the Federal Programs Department

New Copier Rental Contract approved by CPSB  
Purchasing Agent

Contract signed by principal and salesman reflecting number  
of years, yearly charge, documentation fee, and property tax

PO must be received BEFORE delivery of machines

Upon Delivery

Sign and date invoice and submit it to the  
Federal Programs Department  
*R/E # on all reimbursement documentation*

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Revision 5/18  
FP-100-700

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

School/Consultant: \_\_\_\_\_ **REQUEST #:** \_\_\_\_\_

Funding Source: \_\_\_\_\_ Location Code: \_\_\_\_\_ Date (MMDD): \_\_\_\_\_ Number: \_\_\_\_\_

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

Travel - Conference Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

# of Registrants:	TOTAL Reg. Fees:	Hotel:
Meals:	Mileage:	Airfare:
Miscellaneous:		Cost:

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: \_\_\_\_\_ Total Cost: \_\_\_\_\_

COMMENTS OR NOTES

For Title IV ONLY: select one of the following    Safe & Healthy    Well-Rounded    Technology PD

APPROVALS

Request Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

FP Funds Coordinator:	Funds Available:	Date:
FP Supervisor:	Approved	Date:
FP Director	Approved	Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**

Procedures for Title I Equipment  
\$5000 + per item

Six (6) weeks Prior to Activity

Request for Expenditure Form **FP 100/700** with SWP page (Attach quote -- with fixed assets information with teachers' names and/or room numbers) -- submitted for approval by the Federal Programs Department  
Must submit a written justification for state approval

Warehouse will receive, tag, and deliver equipment to the school

- To type in information, “double click” on form below, it will appear at bottom of the screen

- Once completed, go to File and "Save As" in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

FP-100-700

School/Consultant: **REQUEST #:** Location Code Date (MMDD) Number  
 Funding Source: Code

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: Total Cost:  
 Activity: Date(s):

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: Total Cost:  
 Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: Total Cost:  
 Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: Total Cost:  
 Payment to:  
 Travel - Conference Name: Date(s):  
 # of Registrants: TOTAL Reg. Fees: Hotel:  
 Meals: Mileage: Airfare:  
 Miscellaneous: Cost:

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: Total Cost:  
 Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: Total Cost:

COMMENTS OR NOTES

For Title IV ONLY: select one of the following Safe & Healthy Well-Rounded Technology PD

APPROVALS

Request Preparer: Date:

Principal/Consultant: Date:

FP Funds Coordinator: Funds Available: Date:

FP Supervisor: Approved Date:

FP Director: Approved Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**

## Procedures for Title I Parenting Supplies and Instructional Supplies

Four (4) weeks Prior to Activity  
*Each school is responsible for tracking any supply request from approval, delivery and payment*

Request for Expenditure Form **FP 100/700** with SWP page (attach a quote with shipping and vendor contact information) -- submitted for approval by the Federal Programs Department

Attach a quote (no order forms and no shopping carts) with shipping and vendor contact information -- Check item number and description for accuracy -- No returns will be allowed unless the vendor has made an error

Itemized quote **WITH** shipping with vendor contact information

Fixed assets information -- names and room numbers (iPads, laptop, desktop, Promethean board, camera, etc.)

A PO will be sent to the vendor. The CPSB warehouse will receive, check in, and forward proof of delivery to accounts payable. The warehouse will deliver the order to the school and accounts payable will pay the invoice.

Check number of boxes at delivery time for accuracy. Check order as soon as possible and email [federal.programs@cpsb.org](mailto:federal.programs@cpsb.org) with PO # and line item if there is a discrepancy in the delivery.  
*(Please do not contact Vendor)* There is usually only **30 DAYS** available for returns.  
Any returns must go through the warehouse.

Sign, date, scan and email invoices to [federal.programs@cpsb.org](mailto:federal.programs@cpsb.org) if order is correct and payment is approved.

*R/E # on all reimbursement documentation*

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

Revision 5/16  
 FP-100-700

School/Consultant: **REQUEST #:** Location Date (MMDD) Number  
 Funding Source: Code

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: Total Cost:  
 Activity: Date(s):

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: Total Cost:  
 Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: Total Cost:  
 Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: Total Cost:  
 Payment to:  
 Travel - Conference Name: Date(s):  
 # of Registrants: TOTAL Reg. Fees: Hotel:  
 Meals: Mileage: Airfare:  
 Miscellaneous: Cost:

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: Total Cost:  
 Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: Total Cost:

COMMENTS OR NOTES

For Title IV ONLY: *select one of the following* Safe & Healthy Well-Rounded Technology PD

APPROVALS

Request Preparer: Date:

Principal/Consultant: Date:

FP Funds Coordinator: Funds Available: Date:

FP Supervisor: Approved Date:

FP Director Approved Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**

## Procedures for Family Engagement Refreshments

Request for Expenditure Form FP 100/700 with SWP page or 1 Year Action Plan page  
(one per activity with activity, date, list of items with estimated cost) -- submitted and approved by the Federal Programs Department  
[federal.programs@cpsb.org](mailto:federal.programs@cpsb.org)

Family engagement activities only -- no student activities. School and individual reimbursements are allowed. Refreshments are coffee, water, and lite snacks (**NO MEAT**)

Refreshments requests are limited to \$299 or less. The quantity purchased **must be proportionate to the number of attendees.**

Upon Completion

Reimburse an individual: Expense Voucher (itemized receipt and statement/cancelled check). Please tape receipts to a sheet of paper. Agenda of activity serving refreshments with sign in sheets (activity, date, participants' names and signatures) --  
**Reimbursement dependent on number of attendees**

Reimburse the School: Itemized receipt and cancelled check. Agenda of activity serving refreshments with sign in sheets (activity, date, participants' names and signatures). --  
**Reimbursement dependent on number of attendees**

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Revision 5/18

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

FP-100-700

School/Consultant:

**REQUEST #:**

Funding Source:

Location  
Code

Date (MMDD)

Number

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure:

Total Cost:

Activity:

Date(s):

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure:

Total Cost:

Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure:

Total Cost:

Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure:

Total Cost:

Payment to:

Travel - Conference Name:

Date(s):

# of Registrants:

TOTAL Reg. Fees:

Hotel:

Meals:

Mileage:

Airfare:

Miscellaneous:

Cost:

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure:

Total Cost:

Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING

Payment to:

Total Cost:

COMMENTS OR NOTES

For Title IV ONLY: select one of the following

Safe & Healthy

Well-Rounded

Technology PD

APPROVALS

Request Preparer:

Date:

Principal/Consultant:

Date:

FP Funds Coordinator:

Funds Available:

Date:

FP Supervisor:

Approved

Date:

FP Director

Approved

Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**



## Personnel Permission to Hire Degreed Positions

Applicant must be certified in the area he/she is teaching  
(Check with personnel supervisor if you are unsure if the  
person is certified)

Complete Federal Programs Permission to Hire Form **FP 100-1**

Obtain Principal and Administrative Director's approval (Signatures)

Attach copy of transcript or degree

Submit to Federal Programs Department

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

**Federal Programs Permission to Hire Form**

FP 100-1
----------

**Applicant Information:**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Current School: \_\_\_\_\_ Current Position: \_\_\_\_\_

**Position Applying for:**

School Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ New Position?  Yes  No

Person Replacing: \_\_\_\_\_

Check one in each area:

Permanent  Temporary  Full Time  Part Time

Budget Code: \_\_\_\_\_ Insurance:  Yes  No

(To be filled in by Federal Programs Dept.)

**Education:**

Certified Position:

Highest Degree Acquired: \_\_\_\_\_

Paraprofessional Position: (check one and attach documentation)

Assoc. Degree or Above  48 hrs  Para Pro Test  
(450 is passing)

Is the Person you are recommending an immediate family member? If NO, this recommendation may proceed.  
Immediate Family Member - includes the person's (your) children, the spouses of the person's children, the person's brothers and their spouses, the person's sisters and their spouses, parents, spouse, and the parents of the person's spouse.

**Approval Signatures:**

\_\_\_\_\_  
Principal \_\_\_\_\_  
Date

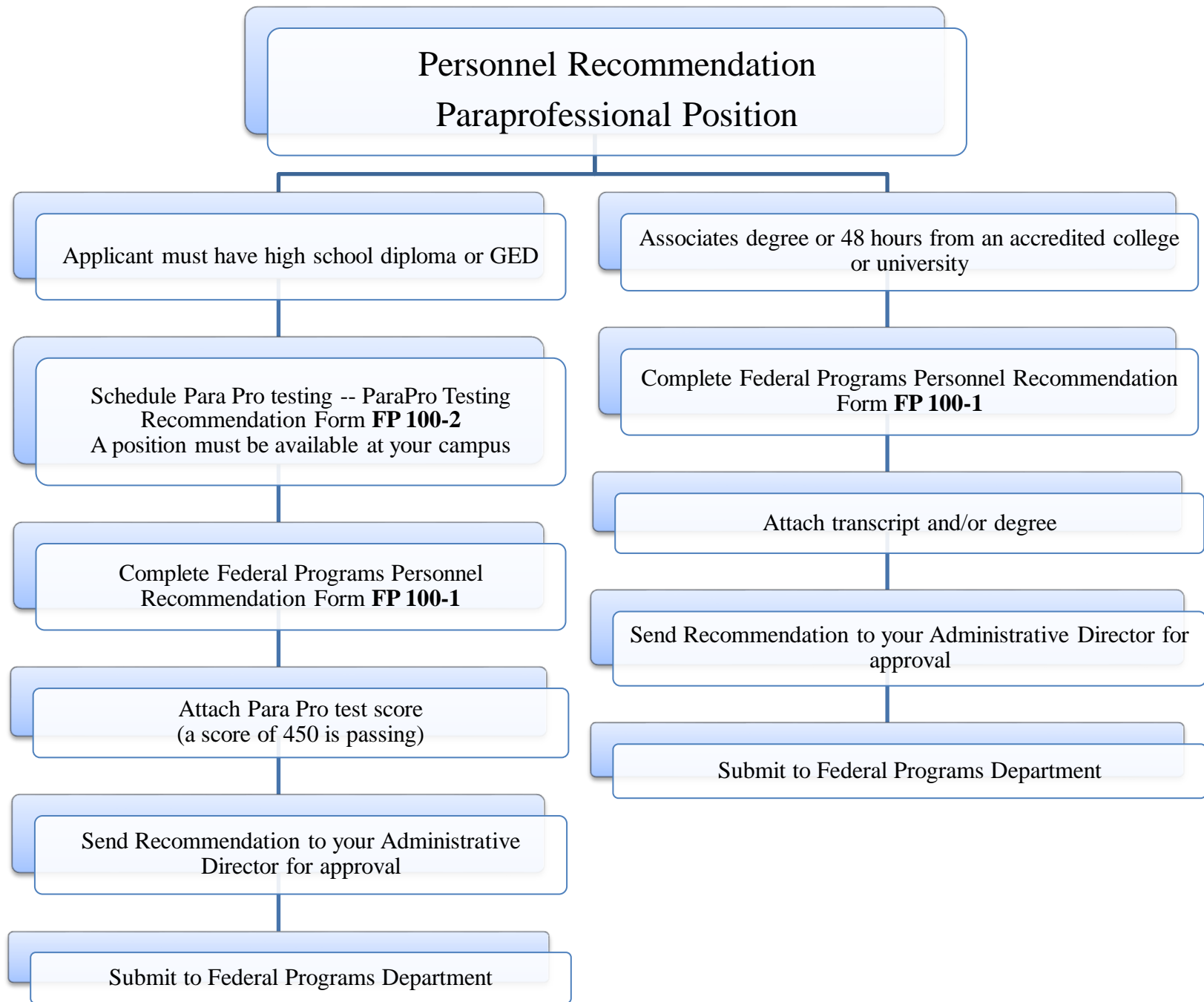
\_\_\_\_\_  
Administrative Director, C & I \_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Federal Programs \_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Department \_\_\_\_\_  
Date

**Form must be received by the Federal Programs Dept. BEFORE applicant's starting date**

*Once approved, submit Employee Recommendation Form to the appropriate personnel supervisor.*



- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

**Federal Programs  
Para Pro Testing Recommendation Form**

FP 100-2
----------

*(If 48 hours from accredited university Associate degree or higher no need to test)*

Name of Applicant: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Start Date: \_\_\_\_\_

School Recommending Testing: \_\_\_\_\_

Para Professional Position Open:

Check one:

Special Ed. \_\_\_ Title I \_\_\_ General Fund \_\_\_ Pre K \_\_\_ Other \_\_\_

\_\_\_\_\_  
Signature of Funding Source Administrator

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

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal's Signature

*(This approved signature will require the principal to turn in a recommendation form to the personnel department to immediately hire the applicant for a permanent position upon completion/passing of the test.)*

\_\_\_\_ Scores Attached \_\_\_\_\_  
Title I Administrative Coordinator/Director

Please scan and email to [federal.programs@cpsb.org](mailto:federal.programs@cpsb.org)

When applicant is finished testing and the score is 450 or better, we will print out scores and send applicant back to the school for the principal to fill out the “Personnel Recommendation Form” to be sent to the Personnel Department.

- To type in information, “double click” on form below, it will appear at bottom of the screen

- Once completed, go to File and "Save As" in your folder

**Federal Programs Permission to Hire Form**

FP 100-1
----------

**Applicant Information:**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Current School: \_\_\_\_\_ Current Position: \_\_\_\_\_

**Position Applying for:**

School Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ New Position?  Yes  No

Person Replacing: \_\_\_\_\_

Check one in each area:

Permanent  Temporary  Full Time  Part Time

Budget Code: \_\_\_\_\_ Insurance:  Yes  No

(To be filled in by Federal Programs Dept.)

**Education:**

Certified Position:

Highest Degree Acquired: \_\_\_\_\_

Paraprofessional Position: (check one and attach documentation)

Assoc. Degree or Above  48 hrs

Para Pro Test  
(450 is passing)

Is the Person you are recommending an immediate family member? If NO, this recommendation may proceed.  
Immediate Family Member - includes the person's (your) children, the spouses of the person's children, the person's brothers and their spouses, the person's sisters and their spouses, parents, spouse, and the parents of the person's spouse.

**Approval Signatures:**

_____	_____
Principal	Date
_____	_____
Administrative Director, C & I	Date
_____	_____
Director of Federal Programs	Date
_____	_____
Personnel Department	Date

**Form must be received by the Federal Programs Dept. BEFORE applicant's starting date**

*Once approved, submit Employee Recommendation Form to the appropriate personnel supervisor.*

## Procedures for Title I School Paraprofessional Tuition Reimbursement

Title I school paraprofessional -- working toward teacher certification only in regular education core content areas

Prior to Semester

Application for Para Professional Tuition Assistance Form **FP 100-6** and Prescription for certification

Upon Completion

Submit the following: Expense Voucher **S-536**, itemized Tuition Receipt, and Transcript with final grades  
***R/E # on all reimbursement documentation***

**FP 100-6**

**FEDERAL PROGRAMS**  
Application for Paraprofessional Tuition & Praxis Assistance

**Section I: To be completed by applicant (Print or Type)**

\_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_  
(Name of Regionally Accredited College/University)

Name: \_\_\_\_\_  
Last First Middle/Maiden Social Security No.  
( )

Home Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_ School Assignment \_\_\_\_\_ Specific Job Assignment \_\_\_\_\_

Area(s) of Certification working towards: (check one)  Regular Ed (Available for Title I Schools only)  
 Special Ed (Available for all CPSB schools)

\*Title I School Paraprofessional Teacher Certification (only in regular education core content area)  
\*Only teacher education degree programs are allowable for reimbursement.

*Only courses meeting the requirements of degrees leading to certification will be approved for reimbursement by Federal Funds. These funds may not be used specifically for coursework needed (a) to increase overall grade point average for acceptance into a teacher education program; (b) certification in guidance counseling or library science; and/or (c) for advanced degrees. Reimbursement unavailable for books or other fees. Maximum of 9 hours per semester may be reimbursed. Reimbursement schedule as funds are available: \$500 for 3 hours; \$900 for 6 hours; \$1,300 for 9 hours. Please submit proof of final grade and payment receipt for reimbursement. Praxis reimbursement of 100% as funds are available: copy of paid receipt and a copy of passing score.*

Courses Requested: The Department, Course #, and Course Title must be provided by the applicant.

Department	Course #	Course Title	Approved/Denied LEA Adm. Must Initial/Date Review
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section II: (Please read the statement below carefully before signing).**

I understand that if I drop, withdraw, or fail to complete a credit course successfully for which tuition assistance has been granted, no tuition will be remitted to me. I give permission for all concerned in the implementation of the Federal Funds Program to release information as required. Tuition will be reimbursed as funds are available. Reimbursement pending other funding sources.

Are you receiving money or reimbursement from any other grants and/or funding sources. \_\_Yes \_\_No  
If yes, list: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date Principal's Signature Date

\_\_\_\_\_  
Agency Superintendent/Director/Administrator Signature Date

*Submit application: Regular education certification (Title I Schools only)-Federal Programs Director  
Special education certification-Administrative Director of Special Services*

**DEADLINES FOR SUBMITTING REIMBURSEMENT TO FEDERAL PROGRAMS:**

Fall Semesters: Last working day in January Spring Semester: Last working day in June  
Summer Semester: Last working day in August

## CALCASIEU PARISH SCHOOL SYSTEM #S-536 EMPLOYEE EXPENSE & TRAVEL VOUCHER

I true and correct statement.

Name: \_\_\_\_\_

\*\*All reimbursements will be mailed to address below\*\*

Home

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

For Period: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Signature)

Approv

Signature

### OUT-OF-PARISH TRAVEL

Date	Destination	Nature of Business	Current IRS Mileage Rate		Lodging	Meat/Her Travel		Amount	Tot
			No.	Amount		No. :	(Itemized)		
Total Out-of-Parish Travel									
Add In-Parish Travel									
Less Any Travel Advance									
Total Travel									
Plus Total Non-Travel Expense									
Total Reimbursement Requested									

EXAMPLE  
Use Legal Form

**NON-TRAVEL** (Must be attached.)

Descr.	Budget Code	Amount
Total Non-Travel Expense		\$

Vendor #: \_\_\_\_\_

Budget Code: \_\_\_\_\_

Total Out-of-Parish Travel \$

Add In-Parish Travel \$

Less Any Travel Advance \$

Total Travel \$

Plus Total Non-Travel Expense \$

Total Reimbursement Requested \$

Comment: (Denote justification/discrepancies concerning reimbursement documentation. Example: shared room with.... lunch w.....)

\*Attach lodging & other required receipts to this form.  
Consult CPSB Policy Manual, Section D1D, for additional information.

Revised 9/1/15

MUST BE PRINTED ON LEGAL SIZE

Employee reimbursements are limited to available budget.



## Procedures for Title I Site License

Prior to Activity

Request for Expenditure Form **FP 100/700** with SWP page and quote--  
submitted for approval by the Federal Programs Department  
**(Only for 1 fiscal year -- July 1 -- June 30)**

Submit Approved Addendum from CPSB website or Approved  
Tech Help Ticket from the CPSB Technology Department

Upon Activation

Sign, date, and submit invoice to Federal Department  
***R/E # on all reimbursement documentation***

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

Revision 5/16  
 FP-100-700

School/Consultant: **REQUEST #:**  
 Funding Source: **Location Code** **Date (MMDD)** **Number**

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: **Total Cost:**  
 Activity: **Date(s):**

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: **Total Cost:**  
 Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: **Total Cost:**  
 Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: **Total Cost:**  
 Payment to:  
 Travel - Conference Name: **Date(s):**  
 # of Registrants: **TOTAL Reg. Fees:** **Hotel:**  
 Meals: **Mileage:** **Airfare:**  
 Miscellaneous: **Cost:**

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: **Total Cost:**  
 Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: **Total Cost:**

COMMENTS OR NOTES

For Title IV ONLY: select one of the following **Safe & Healthy** **Well-Rounded** **Technology PD**

APPROVALS

Request Preparer: **Date:**

Principal/Consultant: **Date:**

FP Funds Coordinator: **Funds Available:** **Date:**

FP Supervisor: **Approved** **Date:**

FP Director: **Approved** **Date:**

**COMMENTS OR NOTES (IF DISAPPROVED)**

# Procedures for Title I Stipends Supplemental Pay

## Prior to Activity

Request for Expenditure Form **FP 100/700** (Include activity, date can range from the beginning of the first day of school to the last day of school, estimated cost and the \*SWP page) -- one per activity submitted for approval by the Federal Programs Department

## Upon Completion

Federal Programs Department must receive the Supplemental Pay Forms (Hard Copies {Signed Summary Sheet, individual pay sheet, and sign in sheets}) **3 days prior to payroll due date**. Once hard copies are checked, you will be notified to send in the electronic file to [federal.programs@cpsb.org](mailto:federal.programs@cpsb.org) and federal programs will forward the file to [sup@cpsb.org](mailto:sup@cpsb.org) to receive payment for the previous month's services

**Title the file -- LOC\_Mon.\_Federal**

**Activity & R for E # needs to go in Description of services on the supplemental**

Employee name (No nicknames or abbreviations, must match what is in the system and Employee ID# must match the CPSB or the Supplemental Form will be returned to you for corrections

The Federal Programs Department will input the budget code on the Supplemental Pay Forms

Federal Programs Sign In Form **FP 100-4A & (S-534 Para only)** must be used  
Strike overs and/or alterations on Sign in Form **FP 100-4A** are audit exceptions that will require Principal to initial any changes (*white out is not allowed*)  
Supplemental Pay Forms will be submitted to [sup@cpsb.org](mailto:sup@cpsb.org) by [federal.programs@cpsb.org](mailto:federal.programs@cpsb.org) only upon receipt of all correct documents..

Refer to Overtime and Supplement Pay Circular **14-106**

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

Revision 5/18  
 FP-100-700

School/Consultant: **REQUEST #:**

Funding Source: Location Code Date (MMDD) Number

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: Total Cost:  
 Activity: Date(s):

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: Total Cost:  
 Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: Total Cost:  
 Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: Total Cost:  
 Payment to:  
 Travel - Conference Name: Date(s):  
 # of Registrants: TOTAL Reg. Fees: Hotel:  
 Meals: Mileage: Airfare:  
 Miscellaneous: Cost:

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: Total Cost:  
 Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: Total Cost:

COMMENTS OR NOTES

For Title IV ONLY: select one of the following Safe & Healthy Well-Rounded Technology PD

APPROVALS

Request Preparer: Date:

Principal/Consultant: Date:

FP Funds Coordinator: Funds Available: Date:

FP Supervisor: Approved Date:

FP Director: Approved Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**

Payroll Use Only
Validated:
Imported:
Postec:

**CALCASIEU PARISH SCHOOL BOARD  
SUPPLEMENTAL PAY FORM SUMMARY**

Revised: Jun. 30, 2010

School / Department: \_\_\_\_\_

DATE: \_\_\_\_\_

Listed below is a summary of employees paid--see attached supplemental pay forms.

	Employee Name	Employee ID	Hours	Pay rate	Pay Amount	Pay Code	Job Class	Budget Unit	Acct Code	Description of Service
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
Total Amount for this page					\$					

**EXAMPLE**

PLEASE COMPLETE

Originator Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For School Use Only

School Check # \_\_\_\_\_

Amount of Check \_\_\_\_\_

REQUESTED BY:

APPROVED BY:

PRINCIPAL/SUPERVISOR SIGNATURE \_\_\_\_\_

ADMIN DIRECTOR/DEPT. HEAD SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

NOTE: IF SUPPLEMENTAL PAY IS BEING PAID BY A SCHOOL FUND, PLEASE ATTACH YOUR SCHOOL CHECK TO THIS FORM.

**CALCASIEU PARISH SCHOOL BOARD  
SUPPLEMENTAL PAY SHEET**

Job Class: \_\_\_\_\_  
Pay Code: \_\_\_\_\_  
Special Use Only

Example: XXXX-XXXX-XX-XXX-XXX

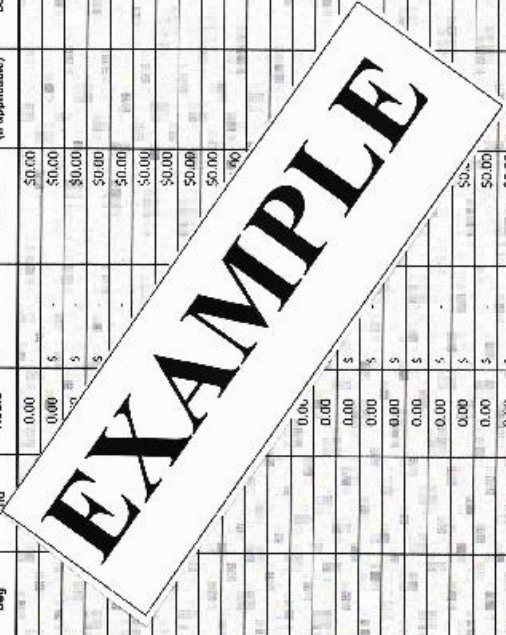
(First Name Last Name, ex. John Doe)

Description of Services  
Select Job Title \_\_\_\_\_  
Budget Unit \_\_\_\_\_  
Account Code \_\_\_\_\_

Employee ID  
0

School/Department \_\_\_\_\_

Date Worked	Time of Day		Number Hours	Rate Per Unit	Subtotal	Additional Pay (if applicable)	Total Amount to be Paid	School Acct #
	Begin	End						
1			0.00		\$0.00		\$0.00	
2			0.00	\$	\$0.00		\$0.00	
3				\$	\$0.00		\$0.00	
4				\$	\$0.00		\$0.00	
5				\$	\$0.00		\$0.00	
6				\$	\$0.00		\$0.00	
7				\$	\$0.00		\$0.00	
8				\$	\$0.00		\$0.00	
9				\$	\$0.00		\$0.00	
10				\$	\$0.00		\$0.00	
11				\$	\$0.00		\$0.00	
12				\$	\$0.00		\$0.00	
13			0.00		\$0.00		\$0.00	
14			0.00		\$0.00		\$0.00	
15			0.00	\$	\$0.00		\$0.00	
16			0.00	\$	\$0.00		\$0.00	
17			0.00	\$	\$0.00		\$0.00	
18			0.00	\$	\$0.00		\$0.00	
19			0.00	\$	\$0.00		\$0.00	
20			0.00	\$	\$0.00		\$0.00	
21			0.00	\$	\$0.00		\$0.00	
22			0.00	\$	\$0.00		\$0.00	
23			0.00	\$	\$0.00		\$0.00	
<b>TOTAL HOURS/DAYS</b>			0.00	\$	\$	\$	\$	



Originator Name: 0  
Phone Number: 0

School Use Only  
School Check # 0  
Check Amount \$0.00

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

## Federal Programs Stipend Sign In Form

**FP 100-4A**

School: \_\_\_\_\_ Approved Request # \_\_\_\_\_

Activity or Program: \_\_\_\_\_

Please indicate the program that applies to these stipends:

- Title I Tutorial
- Title I Professional Development
- Title II Professional Development
- Title III Tutorial
- Title III Professional Development Programs
- Title IV  Safe & Healthy  Well Rounded Education  Technology PD/Technology Infrastructure

\*Attach Supplemental Pay Form S-507

\*Attach Agenda, if applicable

Sign in for Stipend Pay Documentation					
<b>NAME:</b> Please check one: <input type="checkbox"/> Bus Driver <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher	<b>Emp. I.D. #</b>	<b>**SECTION MUST BE HANDWRITTEN**</b>			
		Date	Time In	Time Out	Signature

*This is to certify that the below individuals have worked 100% of their time during the period of \_\_\_\_\_ through \_\_\_\_\_ under the Title I Tutorial, Title I PD, Title II PD, Title III Tutorial or Title III PD Programs.*

Principal’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form can be found on CPSB Website, Payroll Department**

**Overtime Documentation Log      CPSB S-534**  
**(Provides a general description of what services are provided in each hour of overtime)**

\_\_\_\_\_  
 First Name, Last Name

\_\_\_\_\_  
 Authorized Supervisor Signature

\_\_\_\_\_  
 Employee Number

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 School/Department

\_\_\_\_\_  
 Job Title

	Location of Work	Dates Worked	Time of Day		(NEW LINE FOR EACH HOUR) Description of Services
			Begin	End	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Form must be attached to all Supplemental Pay Forms for overtime.**



## Procedures for Title I Stipends Tutorial Program for Paraprofessionals Supplemental Pay

### Prior to Activity

If you are hiring a person long term on a supplemental, the long-term notification form on the payroll website must be completed.  
(Send a screenshot with your request for expenditures)

Request for Expenditure Form FP 100/700 (Include activity, date, estimated cost and the \*SWP page) -- one per activity submitted for approval by the Federal Programs Department

### Upon Completion

Federal Programs Department must receive the Supplemental Pay Forms S 507 (Hard Copies {Signed Summary Sheet, individual pay sheet, and sign in sheets}) **3 days prior to payroll due date.** Once hard copies are checked, you will be notified to send in the electronic file to [federal.programs@cpsb.org](mailto:federal.programs@cpsb.org) and federal programs will forward the file to [sup@cpsb.org](mailto:sup@cpsb.org) to receive payment for the previous month's services

Title the file -- LOC\_Mon.\_Federal

Activity & R for E # needs to go in Description of services on the supplemental

Employee name, no nicknames or abbreviations, must match what is in the system and Emp. ID# must match the CPSB or the Supplemental Form will be returned to you for corrections

The Federal Programs Department will input the budget code on the Supplemental Pay Forms

Federal Programs Sign In Form FP 100-4B, S-534 and FP 100-7 Strike overs and/or alterations on Sign in Form FP 100-4B are audit exceptions that will require Principal to initial any changes (white out is not allowed)  
Supplemental Pay Forms will be submitted to [sup@cpsb.org](mailto:sup@cpsb.org) by [federal.programs@cpsb.org](mailto:federal.programs@cpsb.org) only upon receipt of all correct documents.

Refer to Overtime and Supplement Pay Circular 14-106

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Revision 5/18  
FP-100-700

**Calcasieu Parish School Board - Federal Programs  
REQUEST FOR EXPENDITURE OF FUNDS**

School/Consultant: REQUEST #:

Funding Source: Location Code      Date (MMDD)      Number

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: Total Cost:  
Activity: Date(s):

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: Total Cost:  
Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: Total Cost:  
Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: Total Cost:  
Payment to:

Travel - Conference Name: Date(s):

# of Registrants:	TOTAL Reg. Fees:	Hotel:
Meals:	Mileage:	Airfare:
Miscellaneous:		Cost:

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: Total Cost:  
Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: Total Cost:

COMMENTS OR NOTES

For Title IV ONLY: *select one of the following*      Safe & Healthy      Well-Rounded      Technology PD

APPROVALS

Request Preparer: Date:

Principal/Consultant: Date:

FP Funds Coordinator:	Funds Available:	Date:
FP Supervisor:	Approved	Date:
FP Director	Approved	Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

## Tutorial Program Procedures

FP 100-7

- Teacher/Student ratio must be at least 1 to 4
- A paraprofessional must be under the direct supervision of an HQ teacher
- Paraprofessionals earn hourly rate; overtime rate after 40 hours
- Teacher, paraprofessional, and students MUST sign in and out EACH day
- The attached sign in sheet must be used – NO OTHER FORM CAN BE USED
- Teacher and/or Para name & Emp. I. D. # can be typed on the LEFT side of the sign in sheet ONLY
- Date, Time in & out, and signature must be legibly handwritten
- Tutorial may begin before 3:30 if Form C - Early Arrival Verification is completed and attached to the supplemental pay forms EACH MONTH
- Scratch outs and changes are audit exceptions
- Any scratch outs or changes must be initialed & dated by employee & principal

### Single Session Per Day (Example: 3:30–4:30 session)

- One sign in sheet per day
- Students’ names may be typed or written on LEFT side ONLY
- Students’ time in & out can be typed or written once
- Students’ must sign their names in right column

### Multiple Sessions Per Day (Example: 9:00–9:30; 9:30–10:00; 10:00–10:30; etc.)

- One sign in sheet per day (2<sup>nd</sup> page may be used if needed)
- Students’ names may be typed or written in first column
- Students’ time in & out can be typed or written by their name
- Students must sign their names in right column

### End of Month

- Principal must sign at bottom of each sign in sheet as verification
- Supplemental pay forms must match sign in sheets (time in & out)
- Supplemental pay forms must be submitted at the end of each month
- Attach a copy of the sign in sheets to the supplemental pay forms
- Supplemental pay forms are due in the Federal Programs office before the last 2 business days of each month.

My signature below verifies that I understand the Tutorial Program Procedures referenced above.

\_\_\_\_\_  
Teacher/Paraprofessional Signature

\_\_\_\_\_  
Date

**Overtime Documentation Log**

(Provides a general description of what services are provided in each hour of overtime)

\_\_\_\_\_  
**First Name, Last Name**

\_\_\_\_\_  
**Authorized Supervisor Signature**

\_\_\_\_\_  
**Employee I. D. #**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**School/Department**

\_\_\_\_\_  
**Job Title**

	Location of Work	Dates Worked	Time of Day		(NEW LINE FOR EACH HOUR) Description of Services
			Begin	End	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**Form must be attached to all Supplemental Pay Forms for overtime.**

**Form can be found on CPSB Website, Payroll Department**

Payroll Use Only
Validated: _____
Imported: _____
Postec: _____

**CALCASIEU PARISH SCHOOL BOARD  
SUPPLEMENTAL PAY FORM SUMMARY**

Revised: Jun. 30, 2010

School / Department: \_\_\_\_\_

DATE: \_\_\_\_\_

Listed below is a summary of employees paid--see attached supplemental pay forms.

	Employee Name	Employee ID	Hours	Pay rate	Pay Amount	Pay Code	Job Class	Budget Unit	Acct Code	Description of Service
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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30										
31										
32										
33										
34										
35										
Total Amount for this page					\$					

**EXAMPLE**

PLEASE COMPLETE

Originator Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For School Use Only

School Check # \_\_\_\_\_

Amount of Check \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

PRINCIPAL/SUPERVISOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ADMIN DIRECTOR/DEPT. HEAD SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NOTE: IF SUPPLEMENTAL PAY IS BEING PAID BY A SCHOOL FUND, PLEASE ATTACH YOUR SCHOOL CHECK TO THIS FORM.

**CALCASIEU PARISH SCHOOL BOARD  
SUPPLEMENTAL PAY SHEET**

Job Class: \_\_\_\_\_  
Pay Code: \_\_\_\_\_  
Exempt Use Only

(First Name Last Name, etc: John Doe)  
Employee ID: \_\_\_\_\_  
School/Department: \_\_\_\_\_

Example: XXXX-XXXX-XX-XXX-XXX  
Budget Unit: \_\_\_\_\_  
Account Code: \_\_\_\_\_

Description of Service: \_\_\_\_\_  
Select Job Title: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Line	Dates Worked	Time of Day		Number Hours	Rate Per Unit	Subtotal	Additional Pay (if applicable)	Total Amount to be Paid	School Acct #
		Bag	End						
1				0.00		\$0.00		\$0.00	
2				0.00		\$0.00		\$0.00	
3						\$0.00		\$0.00	
4						\$0.00		\$0.00	
5						\$0.00		\$0.00	
6						\$0.00		\$0.00	
7						\$0.00		\$0.00	
8						\$0.00		\$0.00	
9						\$0.00		\$0.00	
10						\$0.00		\$0.00	
11						\$0.00		\$0.00	
12						\$0.00		\$0.00	
13						\$0.00		\$0.00	
14						\$0.00		\$0.00	
15						\$0.00		\$0.00	
16						\$0.00		\$0.00	
17						\$0.00		\$0.00	
18						\$0.00		\$0.00	
19						\$0.00		\$0.00	
20						\$0.00		\$0.00	
21						\$0.00		\$0.00	
22						\$0.00		\$0.00	
23						\$0.00		\$0.00	
<b>TOTAL HOURS/DAYS</b>						<b>0.00</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



Originator Name: 0  
Phone Number: 0

School Check # 0  
Check Amount \$0.00

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

**Federal Programs Tutorial Program  
Teacher/Paraprofessional Daily Sign in Form**

**FP 100-4B**

School: \_\_\_\_\_ Approved Request # \_\_\_\_\_

Activity or Program: \_\_\_\_\_

Please indicate the program that applies to these stipends:

\_\_\_ Title I Tutorial Program

\_\_\_ Title III Tutorial Program

\_\_\_ Title IV Tutorial \_\_\_ Safe & Healthy \_\_\_ Well Rounded Education \_\_\_ Technology PD/Technology Infrastructure

<b>**SECTION MUST BE HANDWRITTEN &amp; COMPLETE**</b>					
Teacher's Name	Emp. I.D.#	Date	Time In	Time Out	Teacher's Signature
Para/Administrator Name	Emp. I.D.#	Date	Time In	Time Out	Para/Administrator Signature

**Student Daily Sign In**

Teacher/Paraprofessional can enter time in & out for students—once for the single group activity and for each student if you have multiple groups during the day.

May be typed or handwritten			<b>**SECTION MUST BE HANDWRITTEN**</b>
Student's Name	Time In	Time Out	Student's Signature

*This is to certify that the following individuals have worked 100% of their time during the period indicated above.*

Principal's Signature: \_\_\_\_\_

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

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

FP 100-8

**Federal Programs Tutorial Program  
Early Arrival Verification Form  
SY: \_\_\_\_\_**

Due to the Federal Programs after school tutorial program beginning before 3:30, I verify that the teachers/paraprofessionals participating in the tutorial program will arrive on the days to fulfill the hours required by the CPSB policy. Daily school faculty sign in forms reflecting their early arrival will be filed in the school for auditing purposes.

**School Name:** \_\_\_\_\_

**Teacher/Paraprofessional Name:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_



## Procedures for Title I Stipends Tutorial Program for Teachers Supplemental Pay

### **Prior to Activity**

If you are hiring a person long term on a supplemental, the long-term notification form on the payroll website must be completed.

*(Send a screenshot with your request for expenditures)*

Request for Expenditure Form **FP 100/700** (Include activity, date, estimated cost and the \*SWP page) -- one per activity submitted for approval by the Federal Programs Department

### Upon Completion

Federal Programs Department must receive the Supplemental Pay Forms (Hard Copies (Signed Summary Sheet, individual pay sheet, and sign in sheets)) 3 days prior to payroll due date. Once hard copies are checked, you will be notified to send in the electronic file to

[federal.programs@cpsb.org](mailto:federal.programs@cpsb.org) and federal programs will forward the file to [sup@cpsb.org](mailto:sup@cpsb.org) to receive payment for the previous month's services

**Title the file -- LOC\_Mon.\_Federal Activity & R for E # needs to go in Description of services on the supplemental**

Employee name no nicknames or abbreviations, must match what is in the system and Emp. ID# must match the CPSB or the Supplemental Form will be returned to you for corrections

The Federal Programs Department will input the budget code on the Supplemental Pay Forms

Federal Programs Sign In Form **FP 100-4B, FP 100-7 & FP 100-8** (S-534 Para only) must be used

Strike overs and/or alterations on Sign in Form **FP 100-4B** are audit exceptions that will require Principal to initial any changes  
*(white out is not allowed)*

Supplemental Pay Forms will be submitted to [sup@cpsb.org](mailto:sup@cpsb.org) by [federal.programs@cpsb.org](mailto:federal.programs@cpsb.org) only upon receipt of all correct documents..

Refer to Overtime and Supplement Pay  
Circular **14-106**

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Revision 5/18  
 FP-100-700

**Calcasieu Parish School Board - Federal Programs**  
**REQUEST FOR EXPENDITURE OF FUNDS**

School/Consultant: \_\_\_\_\_ **REQUEST #:** \_\_\_\_\_

Funding Source: \_\_\_\_\_ **Location Code** \_\_\_\_\_ **Date (MMDD)** \_\_\_\_\_ **Number** \_\_\_\_\_

**STIPENDS, SUBSTITUTES, BUS DRIVERS**

Type of Expenditure: \_\_\_\_\_ **Total Cost:** \_\_\_\_\_  
 Activity: \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)**

Type of Expenditure: \_\_\_\_\_ **Total Cost:** \_\_\_\_\_  
 Payment to: \_\_\_\_\_

**COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)**

Type of Expenditure: \_\_\_\_\_ **Total Cost:** \_\_\_\_\_  
 Payment to: \_\_\_\_\_

**ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL**

Type of Expenditure: \_\_\_\_\_ **Total Cost:** \_\_\_\_\_  
 Payment to: \_\_\_\_\_

Travel - Conference Name: \_\_\_\_\_ **Date(s):** \_\_\_\_\_

# of Registrants:	TOTAL Reg. Fees:	Hotel:
Meals:	Mileage:	Airfare:
Miscellaneous:		Cost:

**SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES**

Type of Expenditure: \_\_\_\_\_ **Total Cost:** \_\_\_\_\_  
 Payment to: \_\_\_\_\_

**EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)**

Payment to: \_\_\_\_\_ **Total Cost:** \_\_\_\_\_

**COMMENTS OR NOTES**

For Title IV **ONLY**: *select one of the following*    Safe & Healthy    Well-Rounded    Technology PD

**APPROVALS**

Request Preparer: \_\_\_\_\_ **Date:** \_\_\_\_\_

Principal/Consultant: \_\_\_\_\_ **Date:** \_\_\_\_\_

FP Funds Coordinator:	Funds Available:	Date:
FP Supervisor:	Approved	Date:
FP Director	Approved	Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

## Tutorial Program Procedures

FP 100-7
----------

- Teacher/Student ratio must be at least 1 to 4
- A paraprofessional must be under the direct supervision of an HQ teacher
- Paraprofessionals earn hourly rate; overtime rate after 40 hours
- Teacher, paraprofessional, and students MUST sign in and out EACH day
- The attached sign in sheet must be used – NO OTHER FORM CAN BE USED
- Teacher and/or Para name & Emp. I. D. # can be typed on the LEFT side of the sign in sheet ONLY
- Date, Time in & out, and signature must be legibly handwritten
- Tutorial may begin before 3:30 if Form C - Early Arrival Verification is completed and attached to the supplemental pay forms EACH MONTH
- Scratch outs and changes are audit exceptions
- Any scratch outs or changes must be initialed & dated by employee & principal

### Single Session Per Day (Example: 3:30–4:30 session)

- One sign in sheet per day
- Students’ names may be typed or written on LEFT side ONLY
- Students’ time in & out can be typed or written once
- Students’ must sign their names in right column

### Multiple Sessions Per Day (Example: 9:00–9:30; 9:30–10:00; 10:00–10:30; etc.)

- One sign in sheet per day (2<sup>nd</sup> page may be used if needed)
- Students’ names may be typed or written in first column
- Students’ time in & out can be typed or written by their name
- Students must sign their names in right column

### End of Month

- Principal must sign at bottom of each sign in sheet as verification
- Supplemental pay forms must match sign in sheets (time in & out)
- Supplemental pay forms must be submitted at the end of each month
- Attach a copy of the sign in sheets to the supplemental pay forms
- Supplemental pay forms are due in the Federal Programs office before the last 2 business days of each month.

My signature below verifies that I understand the Tutorial Program Procedures referenced above.

\_\_\_\_\_  
Teacher/Paraprofessional Signature

\_\_\_\_\_  
Date

**Form can be found on CPSB Website, Payroll Department**

Payroll Use Only
Validated: _____
Imported: _____
Postec: _____

**CALCASIEU PARISH SCHOOL BOARD  
SUPPLEMENTAL PAY FORM SUMMARY**

Revised: Jun. 30, 2010

School / Department: \_\_\_\_\_

DATE: \_\_\_\_\_

Listed below is a summary of employees paid--see attached supplemental pay forms.

	Employee Name	Employee ID	Hours	Pay rate	Pay Amount	Pay Code	Job Class	Budget Unit	Acct Code	Description of Service
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
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32										
33										
34										
35										
Total Amount for this page					\$					

**EXAMPLE**

PLEASE COMPLETE

Originator Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For School Use Only

School Check # \_\_\_\_\_

Amount of Check \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

PRINCIPAL/SUPERVISOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ADMIN DIRECTOR/DEPT. HEAD SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NOTE: IF SUPPLEMENTAL PAY IS BEING PAID BY A SCHOOL FUND, PLEASE ATTACH YOUR SCHOOL CHECK TO THIS FORM.

**CALCASIEU PARISH SCHOOL BOARD  
SUPPLEMENTAL PAY SHEET**

Job Class: \_\_\_\_\_  
Pay Code: \_\_\_\_\_  
Payroll Use Only

(First Name Last Name, ex: John Doe)

Example: XXXX-XXXX-XXXX-XXXX-XXXX  
Budget Unit: \_\_\_\_\_  
Account Code: \_\_\_\_\_

Description of Services  
Select Job Title: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
School/Department: \_\_\_\_\_

Date	Days Worked	Time of Day		Number Hours	Rate Per Unit	Subtotal	Additional Pay (if applicable)	Total Amount to be Paid	School Acct #
		Bag	Field						
1				0.00		\$0.00		\$0.00	
2				0.00		\$0.00		\$0.00	
3				0.00		\$0.00		\$0.00	
4				0.00		\$0.00		\$0.00	
5				0.00		\$0.00		\$0.00	
6				0.00		\$0.00		\$0.00	
7				0.00		\$0.00		\$0.00	
8				0.00		\$0.00		\$0.00	
9				0.00		\$0.00		\$0.00	
10				0.00		\$0.00		\$0.00	
11				0.00		\$0.00		\$0.00	
12				0.00		\$0.00		\$0.00	
13				0.00		\$0.00		\$0.00	
14				0.00		\$0.00		\$0.00	
15				0.00		\$0.00		\$0.00	
16				0.00		\$0.00		\$0.00	
17				0.00		\$0.00		\$0.00	
18				0.00		\$0.00		\$0.00	
19				0.00		\$0.00		\$0.00	
20				0.00		\$0.00		\$0.00	
21				0.00		\$0.00		\$0.00	
22				0.00		\$0.00		\$0.00	
23				0.00		\$0.00		\$0.00	
<b>TOTAL HOURS/DAYS</b>						<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**EXAMPLE**

Originator Name: 0  
Phone Number: 0

School Check # 0  
Check Amount 50.00

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

**Federal Programs Tutorial Program  
Teacher/Paraprofessional Daily Sign in Form**

FP 100-4B
-----------

School: \_\_\_\_\_ Approved Request # \_\_\_\_\_

Activity or Program: \_\_\_\_\_

Please indicate the program that applies to these stipends:

- Title I Tutorial Program  
 Title III Tutorial Program  
 Title IV Tutorial    Safe & Healthy    Well Rounded Education    Technology PD/Technology Infrastructure

		<b>**SECTION MUST BE HANDWRITTEN &amp; COMPLETE**</b>			
<b>Teacher's Name</b>	<b>Emp. I.D.#</b>	<b>Date</b>	<b>Time In</b>	<b>Time Out</b>	<b>Teacher's Signature</b>

<b>Para/Administrator Name</b>	<b>Emp. I.D.#</b>	<b>Date</b>	<b>Time In</b>	<b>Time Out</b>	<b>Para/Administrator Signature</b>

**Student Daily Sign In**

Teacher/Paraprofessional can enter time in & out for students-once for the single group activity and for each student if you have multiple groups during the day.

<b>May be typed or handwritten</b>			<b>**SECTION MUST BE HANDWRITTEN**</b>
<b>Student's Name</b>	<b>Time In</b>	<b>Time Out</b>	<b>Student's Signature</b>

*This is to certify that the following individuals have worked 100% of their time during the period indicated above.*

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

FP 100-8

**Federal Programs Tutorial Program  
Early Arrival Verification Form  
SY: \_\_\_\_\_**

Due to the Federal Programs after school tutorial program beginning before 3:30, I verify that the teachers/paraprofessionals participating in the tutorial program will arrive on the days to fulfill the hours required by the CPSB policy. Daily school faculty sign in forms reflecting their early arrival will be filed in the school for auditing purposes.

**School Name:** \_\_\_\_\_

**Teacher/Paraprofessional Name:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_

## Procedures for Title I Substitutes

### Prior to Activity

Substitutes used during testing is not an allowable Title I expense

Request for Expenditure Form **FP 100/700** (Include activity, date, estimated cost and the SWP page) -- one per activity submitted for approval by the Federal Programs Department

Teacher leaving campus -- Teacher completes Aesop and Reimbursement for Sub Hired Form **FP 100-5** is submitted to the Federal Programs Dept. Do not AESOP for less than 1/2 day. (This should be done on a Supplemental.)

### Upon Completion

Teacher remained in school -- Supplemental Pay Form **S-507** submitted to the Federal Programs Department with the agenda and Federal Programs Sign in Form **FP 100-4D** attached  
***15th of each month (except May ASAP)***

***R/E # on all reimbursement documentation***



- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

Revision 5/18  
FP-100-700

School/Consultant: \_\_\_\_\_ REQUEST #: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Location Code: \_\_\_\_\_ Date (MMDD): \_\_\_\_\_ Number: \_\_\_\_\_

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
 Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
 Payment to: \_\_\_\_\_

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
 Payment to: \_\_\_\_\_

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
 Payment to: \_\_\_\_\_  
 Travel - Conference Name: \_\_\_\_\_ Date(s): \_\_\_\_\_  
 # of Registrants: \_\_\_\_\_ TOTAL Reg. Fees: \_\_\_\_\_ Hotel: \_\_\_\_\_  
 Meals: \_\_\_\_\_ Mileage: \_\_\_\_\_ Airfare: \_\_\_\_\_  
 Miscellaneous: \_\_\_\_\_ Cost: \_\_\_\_\_

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
 Payment to: \_\_\_\_\_

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: \_\_\_\_\_ Total Cost: \_\_\_\_\_

COMMENTS OR NOTES

For Title IV ONLY: *select one of the following*    Safe & Healthy    Well-Rounded    Technology PD

APPROVALS

Request Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

FP Funds Coordinator:	Funds Available:	Date:
FP Supervisor:	Approved	Date:
FP Director	Approved	Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

## Federal Programs Substitute Hired Form

**FP 100-5**

(This form is to be filled out and turned in to the Federal Programs “AFTER” the substitute has worked. The substitute must sign the teacher’s payroll. This form needs to be turned in by the 15<sup>th</sup> of each month after the date of substitution. The substitute will be paid from the teachers’ payroll. We will reimburse the proper budget on the 16<sup>th</sup> of every month after we have verified the information sent in this form and if there is an approval on a request for expenditure turned in to the Federal Programs Department prior to the date of the substitution.)

If you have any questions or concerns, please our office 217-4170 Ext. 2403.

School \_\_\_\_\_ Approved Request # \_\_\_\_\_

Teacher’s Name: \_\_\_\_\_

Name of Substitute: \_\_\_\_\_

Substitutes Emp. I.D. # \_\_\_\_\_

Date Substituted: \_\_\_\_\_

Time (hrs, days,etc.) \_\_\_\_\_

Reason for Substitute \_\_\_\_\_

---

*To be filled out by Federal Programs Department*

Number of days Substituted \_\_\_\_\_

Payment per day \_\_\_\_\_

TOTAL PAYMENT: \$ \_\_\_\_\_

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

**Federal Programs Substitute Sign In Form**

**FP 100-4D**

School: \_\_\_\_\_ Approved Request #: \_\_\_\_\_

Activity/Program: \_\_\_\_\_

- Title I Tutorial
- Title I Professional Development
- Title II Professional Development
- Title III Tutorial
- Title III Professional Development Programs
- Title IV  Safe & Healthy  Well Rounded Education  Technology PD/Technology Infrastructure

\* Attach Supplemental Pay Form S-507

\* Attach Agenda, if applicable

Sign in for Substitute Pay Documentation					
**SECTION MUST BE HANDWRITTEN**					
Substitute Signature	Emp. I.D. #	Date	Time In	Time Out	Teacher's Name Substituted For

This is to certify that the above individuals have worked 100% of their time during the period of \_\_\_\_\_ through \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form can be found on CPSB Website, Payroll Department**

Payroll Use Only
Validated: _____
Imported: _____
Postec: _____

**CALCASIEU PARISH SCHOOL BOARD  
SUPPLEMENTAL PAY FORM SUMMARY**

Revised: Jun. 30, 2010

School / Department: \_\_\_\_\_

DATE: \_\_\_\_\_

Listed below is a summary of employees paid--see attached supplemental pay forms.

1	Employee Name	Employee ID	Hours	Pay rate	Pay Amount	Pay Code	Job Class	Budget Unit	Acct Code	Description of Service
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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31										
32										
33										
34										
35										
Total Amount for this page					\$					

EXAMPLE

PLEASE COMPLETE
Originator Name: _____
Phone Number: _____

<i>For School Use Only</i>
School Check # _____
Amount of check _____

REQUESTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

PRINCIPAL/SUPERVISOR SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

ADMIN DIRECTOR/DEPT. HEAD SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

NOTE: IF SUPPLEMENTAL PAY IS BEING PAID BY A SCHOOL FUND, PLEASE ATTACH YOUR SCHOOL CHECK TO THIS FORM.

**CALCASIEU PARISH SCHOOL BOARD  
SUPPLEMENTAL PAY SHEET**

Job Class: \_\_\_\_\_  
Pay Code: \_\_\_\_\_  
*Payroll Use Only*

(First Name Last Name, ex: John Doe)

Example: XXXX-XXXX-XX-XXX-XXX  
Budget Unit: \_\_\_\_\_  
Account Code: \_\_\_\_\_

Description of Services  
Select Job Title \_\_\_\_\_  
Job Title \_\_\_\_\_

Employee ID \_\_\_\_\_  
School/Department \_\_\_\_\_

Date Worked	Time of Day		Number Hours	Rate Per Unit	Subtotal	Additional Pay (if applicable)	Total Amount to be Paid	School Acct #
	Begin	End						
1			0.00	\$	\$0.00		\$0.00	
2			0.00	\$	\$0.00		\$0.00	
3			0.00	\$	\$0.00		\$0.00	
4			0.00	\$	\$0.00		\$0.00	
5			0.00	\$	\$0.00		\$0.00	
6			0.00	\$	\$0.00		\$0.00	
7			0.00	\$	\$0.00		\$0.00	
8			0.00	\$	\$0.00		\$0.00	
9			0.00	\$	\$0.00		\$0.00	
10			0.00	\$	\$0.00		\$0.00	
11			0.00	\$	\$0.00		\$0.00	
12			0.00	\$	\$0.00		\$0.00	
13			0.00	\$	\$0.00		\$0.00	
14			0.00	\$	\$0.00		\$0.00	
15			0.00	\$	\$0.00		\$0.00	
16			0.00	\$	\$0.00		\$0.00	
17			0.00	\$	\$0.00		\$0.00	
18			0.00	\$	\$0.00		\$0.00	
19			0.00	\$	\$0.00		\$0.00	
20			0.00	\$	\$0.00		\$0.00	
21			0.00	\$	\$0.00		\$0.00	
22			0.00	\$	\$0.00		\$0.00	
23			0.00	\$	\$0.00		\$0.00	
<b>TOTAL HOURS/DAYS</b>			<b>0.00</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**EXAMPLE**

Originator Name: 0  
Phone Number: 0

School Check # 0  
Check Amount \$0.00

## Procedures for Title I Testing Fees

Six (6) weeks Prior to Activity

Request for Expenditure Form **FP 100/700** with SWP page (Fee Documentation and names of students testing) -- submitted for approval by the Federal Programs Department

Name of Student, Name of Test, Cost of Test and  
Copy of PII consent if applicable  
*(HiSet Test up to 3 times)*

Upon Completion

Copy of Canceled Check along with students name and scores and/or signed and dated Invoice submitted to the  
Federal Programs Department  
***R/E # on all reimbursement documentation***

- To type in information, “double click” on form below, it will appear at bottom of the screen  
Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs  
**REQUEST FOR EXPENDITURE OF FUNDS**

FP-100-700

School/Consultant: **REQUEST #:**  
 Funding Source: **Location Code** **Date (MMDD)** **Number**

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: **Total Cost:**  
 Activity: **Date(s):**

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: **Total Cost:**  
 Payment to:

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: **Total Cost:**  
 Payment to:

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: **Total Cost:**  
 Payment to:  
 Travel - Conference Name: **Date(s):**  
 # of Registrants: **TOTAL Reg. Fees:** **Hotel:**  
 Meals: **Mileage:** **Airfare:**  
 Miscellaneous: **Cost:**

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: **Total Cost:**  
 Payment to:

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: **Total Cost:**

COMMENTS OR NOTES

For Title IV ONLY: select one of the following **Safe & Healthy** **Well-Rounded** **Technology PD**

APPROVALS

Request Preparer: **Date:**

Principal/Consultant: **Date:**

FP Funds Coordinator: **Funds Available:** **Date:**

FP Supervisor: **Approved** **Date:**

FP Director **Approved** **Date:**

**COMMENTS OR NOTES (IF DISAPPROVED)**

## Procedures for Title I Teacher Travel

Six (6) weeks Prior to Activity  
**\*\*Once request is approved and Purchase Order is processed for registration, *there will be no changes or substitutions*\*\***

Read Pre/Post Travel Checklist Form **FP 500-1**  
**\*\*Give this flow chart to the teacher before approval\*\***

Request for Expenditure **FP 100/700** (Include activity, date, estimated cost, number of participants and the SWP page) -- one per activity submitted for approval by the Federal Programs Department

Submit following forms along with R/E **FP 100/700**: Pre Conference Travel Form **FP 500-2**, Copy of Approved **AESOP & CPSB #538 Request for Conference Travel - Out of State Form**, signed by Superintendent

Out-of-state Travel: The mileage reimbursement form must be completed by registrants choosing NOT to fly. Submit Form **S-505** along with copy of Approved **AESOP** to the Director of Internal Auditing.

If request FP to pay registration, submit registration forms complete with names and cost at least four weeks before any registration deadline  
**(Registration Forms must be signed by Principal)**

Registration fees and/or travel advances must be reimbursed to Federal Programs if individual does not attend the conference. **(No Emergencies)**

Reimbursements are made directly to individuals (*not schools*). An individual can only be reimbursed for one room and/or one airline ticket. Do not reserve or pay for multiple hotel rooms or airline tickets.  
Credit card must be in employee's name.

Federal Programs Travel Advance Request Form **FP 500-4** (airfare & hotel only) must be received four weeks before departure -- A/P will not accept otherwise. Must include approved permission to travel and hotel confirmation and/or airline itinerary per person requesting advance.

Upon Completion -- Refer to Pre-Travel/Post-Travel Checklist Form  
**FP 500-1**  
**R/E # on all reimbursement documentation**



- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

**FP 500-1**

**Pre-Travel Checklist**

Checklist for Pre-Travel	Yes	No
Request for Expenditure Form <b>FP 100/700</b>		
Page from SWP		
Pre-Conference Travel Form <b>FP 500-2</b>		
Activity, dates, number of participants & estimated cost		
Submit registration forms complete with names, cost and <b>Principals signature</b> at least 3 weeks (15 schools days) before the early bird deadline and/or registration deadline		
Approved permission to travel – Entered into Aesop (include all travel dates; number and answer all “7” questions) (1) Name of Event (2) Destination – hotel, city, state (3) Date (s) of Trip – Abbreviate months, example – Mar, Nov, <b>Dec</b> (4) Indicate Fund that is paying for trip (5) Sub Needed – Yes or No (6) If sub is needed – who is paying for the sub, example – School or CPSB or Grant (7) Benefit to School System (see Updated Travel Approval Procedures), <i>Approved Superintendent’s Form Out of State Travel #S-538</i>		
Out-of-state Travel: The mileage reimbursement form must be completed by registrants choosing NOT to fly. Submit Form <b>S-505</b> along with approved travel (AESOP) to Wayne Foster, Director of Internal Auditing.		
Federal Programs Travel Advance Request Form <b>FP 500-4</b> (airfare & hotel only) Submit no later than one month (30 school days) before trip		
Use Governmental Emp. Hotel Lodging Sales/Use Tax Exemption Form <b>S-518</b> when checking into hotel.		

✓ **Registration fees and/or travel advances must be reimbursed to Title I if individual does not attend the conference. I understand that there are no exceptions.**

**Post-Travel Checklist**

Checklist for Post-Travel	Yes	No
Paperwork is due within 10 school days		
Expense Voucher Form <b>S-536</b> – completed, signed, and dated (Home Address Must be Included)		
Approved permission to travel – Entered into Aesop (include all travel dates; number and answer all “7” questions) (1) Name of Event (2) Destination – hotel, city, state (3) Date (s) of Trip – Abbreviate months, example – Mar, Nov, Dec (4) Indicate Fund that is paying for trip (5) Sub Needed – Yes or No (6) If sub is needed – who is paying for the sub, example – School or CPSB or Grant (7) Benefit to School System, <i>Approved Superintendent’s Form Out of State Travel #S-538</i>		
Agenda		
Name badge or certificate of completion		
Itemized hotel bill with employee name, \$0 balance, <b>conference hotel rate documentation</b> (list occupants & attach their approved permission to travel forms)		
Airline ticket/e-ticket that shows name & proof of payment or Out-of-State Mileage Reimbursement Form <b>S-505</b> with Mr. Foster’s signature		
Shuttle/Taxi receipts with driver’s signature (if applicable)		
Enter travel advance amount (if applicable)		
Partial Reimbursement Agreement Form <b>FP 500-3</b> (if applicable)		
Meal Reimbursement Form <b>S-504</b>		
If registration is paid by individual, a copy of registration form, itemized receipt showing form of payment (statement or canceled check)		
Please tape receipts & name badges to a sheet of paper		

- ✓ **No school reimbursement allowed. Reimbursements made to individuals. An individual can only be reimbursed for one room and/or one airline ticket. Do not reserve or pay for multiple hotel rooms or airline tickets. Credit card must be in employee’s name.**
- ✓ **Registration fees and/or travel advances must be reimbursed to Title I if individual does not attend the conference. I understand that there are no exceptions.**
- ✓ **Out-of-state Travel: The Mileage Reimbursement Form S-505 must be completed by all registrants choosing NOT to fly. Submit all forms in one packet to Wayne Foster, Director of Internal Auditing.   
\*\*Give this sheet to teacher before travel\*\***

TO: All Personnel  
FROM: Wilfred Bourne, CFO  
SUBJECT: Updated Travel Approval Procedures  
DATE: May 5, 2015

Earlier this year we introduced a new process for travel approvals using the Aesop program to create an electronic approval process. Despite a few issues along the way it has proven to be effective and successful. Employees have done a good job of transitioning to the new method.

You were initially told that the paper copy of “Application for Authorization of Professional Trip and/or Out of Parish, Out of State Travel” which was required for all travel would only be required when school was not in session (June-Early August). We are pleased to inform you that the electronic system via Aesop can now be used year-round thus eliminating the need to use the paper system except for extreme circumstances.

A manual signature is still required for professional development or school related business that will be for an out-of-state trip. In those cases the approved Aesop form should be printed and submitted to the Superintendent’s office for signature prior to travel, as required by procedure.

**In an effort to clarify and to further standardize procedures related to this change, the following additional procedures are put into effect. In Aesop... :**

- 1) If the professional development day (or school related business day) falls outside of an employee’s work year and there is NO reimbursement expected, then there is no need to record this day in Aesop.**
- 2) If the professional development day (or school related business day) falls outside of an employee’s work year and there IS reimbursement expected, then the employee would record this day in Aesop even though it is outside of that person’s work year. The employee would still need to complete the 7 items in the notes to the administrator and the principal and administrative director would still need to approve this day. The employee would go through the same steps for reimbursement as they would during the school year. John Snyder will handle the reconciliation process only on absences that have been approved by the administrative director for the days outside of the employee’s work year.**

*Building Foundations for the Future*

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Revision 5/14  
FP-100-700

**Calcasieu Parish School Board - Federal Programs  
REQUEST FOR EXPENDITURE OF FUNDS**

School/Consultant: \_\_\_\_\_ REQUEST #: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Location Code: \_\_\_\_\_ Date (MMDD): \_\_\_\_\_ Number: \_\_\_\_\_

STIPENDS, SUBSTITUTES, BUS DRIVERS

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

Travel - Conference Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

# of Registrants:	TOTAL Reg. Fees:	Hotel:
Meals:	Mileage:	Airfare:
Miscellaneous:		Cost:

SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES

Type of Expenditure: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
Payment to: \_\_\_\_\_

EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)

Payment to: \_\_\_\_\_ Total Cost: \_\_\_\_\_

COMMENTS OR NOTES

For Title IV ONLY: select one of the following    Safe & Healthy    Well-Rounded    Technology PD

APPROVALS

Request Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

FP Funds Coordinator:	Funds Available:	Date:
FP Supervisor:	Approved	Date:
FP Director	Approved	Date:

**COMMENTS OR NOTES (IF DISAPPROVED)**

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

### Federal Programs-Pre-Conference Travel Form

**FP 500-2**

School: \_\_\_\_\_ Approved Request #: \_\_\_\_\_

Conference: \_\_\_\_\_ Destination: \_\_\_\_\_ Date/s: \_\_\_\_\_

**Please provide 1-2 sentence answers below.**

1. Describe in detail how the professional development aligns with the current needs identified in your School/District Plan. Include page numbers. \_\_\_\_\_  
\_\_\_\_\_
2. Describe your strategies for the redelivery of the professional development. Include timelines and documentation of redelivery. \_\_\_\_\_  
\_\_\_\_\_
3. Describe your method of ensuring classroom implementation of the activities/strategies. Include examples of how implementation will be documented. \_\_\_\_\_  
\_\_\_\_\_

School	Attendee's Name	Position	Grade Level/ Subject	Home/ Cell #	Signature

**\*\* By signing above I understand that any Federal funds paid out (registration fee and/or travel advance) on my behalf for a professional development activity will be reimbursed by me if I do not attend. I also understand that there are no emergencies. \*\***

**Approval:**  
Signature of Supervisor or Principal: \_\_\_\_\_ Date: \_\_\_\_\_

## Superintendent Approval

### Request for Conference Travel Out of State Form

Out-of-state travel shall be approved by the Superintendent considering the purpose of the travel, benefit to the System, number of personnel involved, and the frequency of travel. Among the factors to be considered should be the length of travel time, cost of operation of a vehicle, cost and availability of common carrier services, etc. In the event that an employee chooses to drive instead of traveling by air, the amount reimbursed should be approved by the system's internal Auditing department. (Policy D1D)

Please answer these questions and attach a detailed narrative of the purpose of the travel, the benefit to the system, and the number of personnel involved.

School/Department Requesting:

Employee Requesting:

Name of Event:

Destination:

Dates of Travel:

Funding Source:

Last travel taken by this school/department/employee:

Print Name of Employee: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Approved: Yes No

Superintendent Signature \_\_\_\_\_

Form can be found on CPSB Website, Internal Auditing Department

S-505

**CALCASIEU PARISH SCHOOL BOARD**

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

Submit this form to the Internal Auditing Department at (337) 217-4191.

School or Department: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

FP 500-4

**CALCASIEU PARISH SCHOOL BOARD  
Federal Programs  
Travel Advance Request**

Approved AESOP or Out-Of-Parish/State Travel Request must be attached.  
Out of State Travel must have Superintendent’s signature

Advances must be reported on the “Employee Expense & Travel Expense Voucher” in the appropriate space. Advances must be submitted 30 day prior to departure. Travel advances are issued only when estimated costs exceed \$200 for principals and \$150 for all other employees of the school.

Teacher’s name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

School/Dept.: \_\_\_\_\_ Approved Request# \_\_\_\_\_

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

Date(s) of travel: \_\_\_\_\_  
(Including travel time)

Lodging (Number of Nights) \_\_\_\_\_ \$ \_\_\_\_\_  
(Must attach a copy of conference *hotel room rates* and  
copy of *hotel reservations*)

Airfare: \_\_\_\_\_ \$ \_\_\_\_\_  
(Must attach airfare receipt)

Total Estimated Costs \$ \_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

By signing I am aware that upon completion of the travel I will turn in the “Employee and Expense Voucher” within 2 weeks with all completed forms. In the event I am unable to attend the trip for any reason, then I will immediately send a check to Federal Programs to reimburse them for any advances received and/or any registration paid on my behalf.

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

FP 500-1

Pre-Travel Checklist

Checklist for Pre-Travel	Yes	No
Request for Expenditure Form FP 100/700		
Page from SWP		
Pre-Conference Travel Form FP 500-2		
Activity, dates, number of participants & estimated cost		
Submit registration forms complete with names & cost at least 3 weeks (15 school days) before the early bird deadline and/or registration deadline		
Approved permission to travel – Entered into Aesop (include all travel dates; number and answer all “7” questions) (1) Name of Event (2) Destination – hotel, city, state (3) Date (s) of Trip – Abbreviate months, example – Mar, Nov, Dec (4) Indicate Fund that is paying for trip (5) Sub Needed – Yes or No (6) If sub is needed – who is paying for the sub, example – School or CPSB or Grant (7) Benefit to School System (see Updated Travel Approval Procedures)		
Out-of-state Travel: The mileage reimbursement form must be completed by registrants choosing NOT to fly. Submit Form S-505 along with approved travel (AESOP) to Wayne Foster, Director of Internal Auditing.		
Federal Programs Travel Advance Request Form FP 500-4 (airfare & hotel only) Submit no later than one month (20 school days) before trip		
Use Governmental Emp. Hotel Lodging Sales/Use Tax Exemption Form S-518 when checking into hotel.		

- ✓ Registration fees and/or travel advances must be reimbursed to Title I if individual does not attend the conference. I understand that there are no exceptions.

Post-Travel Checklist

Checklist for Post-Travel	Yes	No
Paperwork is due within 10 school days		
Expense Voucher Form S-536 – completed, signed, and dated (Home Address Must be Included)		
Approved permission to travel – Entered into Aesop (include all travel dates; number and answer all “7” questions) (1) Name of Event (2) Destination – hotel, city, state (3) Date (s) of Trip – Abbreviate months, example – Mar, Nov, Dec (4) Indicate Fund that is paying for trip (5) Sub Needed – Yes or No (6) If sub is needed – who is paying for the sub, example – School or CPSB or Grant (7) Benefit to School System		
Agenda		
Name badge or certificate of completion		
Itemized hotel bill with employee name, \$0 balance, conference hotel rate documentation (list occupants & attach their approved permission to travel forms)		
Airline ticket/e-ticket that shows name & proof of payment or Out-of-State Mileage Reimbursement Form S-505 with Mr. Foster’s signature		
Shuttle/Taxi receipts with driver’s signature (if applicable)		
Enter travel advance amount (if applicable)		
Partial Reimbursement Agreement Form FP 500-3 (if applicable)		
Meal Reimbursement Form S-504		
If registration is paid by individual, a copy of registration form, itemized receipt showing form of payment (statement or canceled check)		
Please tape receipts & name badges to a sheet of paper		

- ✓ No school reimbursement allowed. Reimbursements made to individuals. An individual can only be reimbursed for one room and/or one airline ticket. Do not reserve or pay for multiple hotel rooms or airline tickets. Credit card must be in employee’s name.
- ✓ Registration fees and/or travel advances must be reimbursed to Title I if individual does not attend the conference. I understand that there are no exceptions.
- ✓ Out-of-state Travel: The Mileage Reimbursement Form S-505 must be completed by all registrants choosing NOT to fly. Submit all forms in one packet to Wayne Foster, Director of Internal Auditing.  
\*\*Give this sheet to teacher before travel\*\*



Form can be found under CPSB Website, Internal Auditing Department, Bookkeeping Forms

**CALCASIEU PARISH SCHOOL SYSTEM #S-536  
EMPLOYEE EXPENSE & TRAVEL VOUCHER**

I true and correct statement.

<p>Name: _____</p> <p>Department: _____</p> <p>For Period: _____</p>	<p style="text-align: center;">**All reimbursements will be mailed to address below**</p> <p>Home Mailing Address: _____</p> <p>Phone Number: _____</p>
<p>Name: _____</p> <p>Approver: _____</p>	<p>Name: _____ signature)</p> <p>Approver: _____ Signature)</p>

**OUT-OF-PARISH TRAVEL**

Date	Destination	Nature of Business	Current IRS Mileage Rate	Mileage	Lodging	Meather Travel No. (Itemized)	Amount	Tot
Total Non-Travel Expense								

EXAMPLE  
Use Legal Form

NON-TRAVEL Expense (must be attached.)

Description	Budget Code	Amount
Total Non-Travel Expense		\$ -

Vendor #: \_\_\_\_\_  
Budget Code: \_\_\_\_\_

Comment: (Denote justification/discrepancies concerning reimbursement documentation. Example: shared room with..., lunch with..., etc.)

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\* Attach lodging & other required receipts to this form.  
 Consult CPSB Policy Manual, Section D/J/D, for additional information. Revised 9/1/15

**MUST BE PRINTED ON LEGAL SIZE**

Employee reimbursements are limited to available budgeted amounts.

**REIMBURSEMENT FOR MEALS**

(Attach to Travel Voucher)

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

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

PLEASE INDICATE DATE, MEAL(S), AND AMOUNT CLAIMED FOR ATTACHED TRIP USING CHART ABOVE. Attach documentation of trip (agenda, brochure, letter, etc.)

	Breakfast	Lunch	Dinner	Total
Date				
Date				
Date				
Date				
Date				
Date				

Grand Total

## Procedures for Title I Wiring/Installation

Prior to Activity

Request for Expenditure Form **FP 100/700** with SWP page prior to activity with quote -- submitted for approval by the Federal Programs Department

Upon Completion

Sign and date invoice and submit to the Federal Programs Department  
*R/E # on all reimbursement documentation*

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

Calcasieu Parish School Board - Federal Programs		Revision 5/18
<b>REQUEST FOR EXPENDITURE OF FUNDS</b>		FP-100-700
School/Consultant:	<b>REQUEST #:</b>	
Funding Source:	Location Code	Date (MMDD) Number
<u><b>STIPENDS, SUBSTITUTES, BUS DRIVERS</b></u>		
Type of Expenditure:		Total Cost:
Activity:	Date(s):	
<u><b>TUITION ASSISTANCE, TESTING FEES, CONTRACT SPEAKER (attach quote)</b></u>		
Type of Expenditure:		Total Cost:
Payment to:		
<u><b>COPIER RENTAL/MAINTENANCE, WIRING, INSTALLATION (attach quote/contract)</b></u>		
Type of Expenditure:		Total Cost:
Payment to:		
<u><b>ADMISSION TICKETS, CHARTER BUS, SITE LICENSE, TRAVEL</b></u>		
Type of Expenditure:		Total Cost:
Payment to:		
Travel - Conference Name:	Date(s):	
# of Registrants:	TOTAL Reg. Fees:	Hotel:
Meals:	Mileage:	Airfare:
Miscellaneous:		Cost:
<u><b>SUPPLIES (attach quote with SHIPPING)/ FE SUPPLIES</b></u>		
Type of Expenditure:		Total Cost:
Payment to:		
<u><b>EQUIPMENT-\$5000+PER ITEM (attach quote with SHIPPING)</b></u>		
Payment to:		Total Cost:
<u><b>COMMENTS OR NOTES</b></u>		
For Title IV <u>ONLY</u> : select one of the following	Safe & Healthy	Well-Rounded
		Technology PD
<u><b>APPROVALS</b></u>		
Request Preparer:		Date:
Principal/Consultant:		Date:
FP Funds Coordinator:	Funds Available:	Date:
FP Supervisor:	Approved	Date:
FP Director:	Approved	Date:
<b>COMMENTS OR NOTES (IF DISAPPROVED)</b>		

## Procedures Title I Withdrawal of Positions

Complete the Federal Programs Withdrawal **Form FP 100-3A** and  
**FP 100-3B**

Submit to the Federal Programs Department

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

**Federal Programs  
Personnel Withdrawal Packet  
Form 1 of 2**

FP 100-3A
-----------

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

**Employee I.D. #:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Reason:**

Check one:

Transferring:      New Funding Source: \_\_\_\_\_

New School: \_\_\_\_\_

**OR**

On Leave    Retired    Resigned    Terminated

**FORM 2 OF 2, SEMIANNUAL CERTIFICATION FORM, MUST BE SUBMITTED WITH TERMINATION FORM TO THE FEDERAL PROGRAMS DEPT. WITH ORIGINAL SIGNATURE. ANY QUESTIONS PLEASE CALL 217-4170.**

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Federal Programs Signature

\_\_\_\_\_  
Date

- To type in information, “double click” on form below, it will appear at bottom of the screen
- Once completed, go to File and “Save As” in your folder

**Semiannual Certification**  
**For employee working on a single federal cost objective**  
*Form 2 of 2*

FP 100-3B
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Semiannual Period: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

This is to certify that the following employee worked 100% of the time during the period of \_\_\_\_\_ through \_\_\_\_\_ under the  
(last day worked)

following program \_\_\_\_\_  
Program Title CFDA#

Position/Job Title: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_

**This report is an after-the-fact determination of the total activity and actual effort expended for the period indicated, and I have knowledge of 100% of these activities.**

\_\_\_\_\_  
 Federal Programs Supervisor Signature

\_\_\_\_\_  
 Date

**Completion of this form is required for all federally funded participating employees working on a single cost objective. Submit to the Federal Programs Dept. with the termination form upon completion.**