

# FEDERAL PROGRAMS

## Quick Reference Guide

### Title II

### 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 Title II, III, Immigrant & IV Checklist 2024 – 2025

<b>Date Due</b>	<b>Federal Programs Dept.</b>	<b>Activity/Forms</b>
<b>September</b>		
9/09/2024	Title II, III, Immigrant, IV	Budget Revision #1 Noon
<b>December</b>		
12/04/2024	Title III, Immigrant, IV	Instructional Supplies Requests for Exp. Due Noon
<b>January</b>		
1/10/2025	Title II, III, Immigrant, IV	Budget Revision #2 Noon – Final Revision
<b>March</b>		
3/06/2025	Title II, III, Immigrant, IV	2024-2025 All Requests for Expenditures Due Noon
TBA	Title II, III, Immigrant, IV	End of Year Meeting
<b>May</b>		
TBA	Title II & IV	2025-2026 PD Proposals Due
5/24/25	Title II, III, Immigrant, IV	Deadline to earn stipend & submit Supplemental Pay forms for 2024/2025 (NO Projections) {Subject to change}
<b>June</b>		
6/20/2025	Title II, III, Immigrant, IV	Deadline for All 2024-2025 Spending
<b>July</b>		
7/1/2025	Title II, III, Immigrant, IV	Begins 2025-2026 Year
7/15/2025	Title II, III, Immigrant, IV	2025-2026 Funds Available

## **Title II Improving Teacher Quality**

### **PURCHASING & REIMBURSEMENT PROCEDURES AND GUIDELINES**

#### **Needs Assessment:**

CPSB will conduct a PD needs assessment to determine the needs of the LEA's teaching force to be able to have all students meet challenging state content and academic achievement standards. The needs assessment along with district/school performance data will assist the LEA in identifying local teacher quality needs. The needs assessment will also identify those areas that an LEA should strengthen, such as areas of weakness in student academic achievement. The LEA will use the results of this assessment to plan Title II PD activities to meet student achievement goals.

#### **Title II Proposal Submission Process:**

1. Data analysis
2. Plan PD and denote activity priority.
3. Label each activity specifically. (Ex: contracted speaker, stipends, etc.)
4. Submit proposal to respective Administrative Director for approval (signed & dated)
5. Submit to Federal Programs Director
6. Written notification of approval from Federal Programs to recipient
7. Proposal is identified by applicant's name. Notification required in writing delegating authority to another person when submitting "Request for Expenditures". The applicants name must always be referenced in all conversations and on all documentation.
8. Title II budget to recipient
  - \*For proposals budget \$30.00 per hour for stipends
  - \*For proposals budget \$80.00 per substitute

#### **Supplement not Supplant:**

Title II funds must be used to supplement, and not supplant, any non-Federal funds that would otherwise be used for authorized Title II activities. Any activity that has been funded by the district in prior years, is not an allowable activity for Title II funds.

#### **Documentation:**

Recipient of Title II funds is responsible for keeping all documentation for 5 years.

#### **Unused Monies:**

- \*If any staff member will not be using the monies requested, they are to notify the Director of Federal Programs immediately.
- \*Title II funds will return to the Title II budget for anyone who is on leave, displaced, retires, or unable to fulfill their job.

#### **Professional Development Evaluation:**

- \*All activities must be evaluated
- \*Each evaluation shall include
  - 1) Persons responsible and timelines
  - 2) What the LEA will do to determine the effectiveness of each activity during the process of implementation as well as its conclusion
  - 3) Follow up
  - 4) Formative and summative measures
    - Formative-a method of judging the worth of a program while the program activities are forming & happening
    - Summative-a method of judging the worth of a program at the end of the program activities

## **NOT ALLOWABLE WITH TITLE II MONIES:**

Equipment, Food, Maintenance Contract, Purchase Technical Services, Rental Car, Supplies

### **Approval Notification:**

- \*Letter of approval with budget
- \*Proposal will be returned with approval status.
- \*Partially funded requests will be funded based on priority as indicated on PD request
- \*Budget changes approved by Federal Programs Director
- \*Request for Expenditures form must be submitted and approved prior to spending funds.
- \*Any changes in PD plan/request for expenditures must be submitted on change request form.  
Approval will be given in writing.

### **Request for Expenditures:**

- \*Approved Request for Expenditure required for all expenditures, **prior to spending**
- \*Submit Request for Expenditure six (6) weeks in advance to use any Title II monies.
- \*Attach to Request for Expenditure a copy of approved plan with activity denoted.
- \*Need a separate Request for Expenditure for each individual activity and budget category.
- \*Please put a copy of your request number on all documents submitted for reimbursement.
- \*When using Title II funds, be aware that whether using it for professional development, travel, stipend, etc.  
The funds should be used equitably.
- \* “PLEASE NOTE” Title II **cannot** reimburse any department or school for any expenses.
- \*Any new vendor for Contracted Speaker or Travel will need to provide a W-9 Form.

### **Travel:**

- \*Turn in a Request for Expenditures for approval. Please indicate all expenses for trip and number of attendees traveling.
- \*All travel must follow Calcasieu Parish School Board guidelines. It is your responsibility to make sure whomever is traveling on the monies you requested knows about the CPSB travel guidelines.
- \*Once travel is completed refer to travel checklist for required documentation.
- \*The person who submitted the request is responsible for collecting and turning in all travel reimbursements at one time.
- \*If you have multiple teachers attending a conference all travel reimbursements must be turned in together.
- \*It is your responsibility to make sure before 2<sup>nd</sup> week in June that all have received their reimbursements.
- \*TEACHER CANNOT RECEIVE ANY TRAVEL ADVANCE MONIES FROM THEIR SCHOOL to be reimbursed by Title II for the expense.
- \*Any partial reimbursement requires prior approval in writing. (See form)
- \*When requesting “Mileage Reimbursement for Driving Out-of-State” the auditor will need to know, all the names of the teachers from the same school attending the conference, in order to make a fair assessment of the situation.

### **Contracted Services:**

- \*Turn in a Request for Expenditures for approval. Please make sure the name of the speaker and date is on the request.
- \***CPSB Federal Programs Contract packet is required.**
- \*Submit the forms in the CPSB Federal Programs Contract packet to the Federal Programs department at least six (6) weeks prior to date of service.
- \*Please do not put any other days on the contract being paid by another fund. We only want our contract to state what services Title II will be paying. It is strongly recommended for contract to state all-inclusive amount rather than itemize specific costs.
- \*Upon completion please submit invoice signed and dated by you verifying approval of payment. Attach a copy of the agenda and sign n sheets to the invoice.
- \***Federal Programs sign n sheet is “REQUIRED” for all activities. It is the only one allowed to pay stipends.**

### **Stipend Pay:**

- \*Turn in Request for Expenditures for approval. Please make sure the dates are on the request.
- \*All **supplemental pay forms** for stipends must be turned in to the **Title II office by the 5<sup>th</sup> of the month or at 3 days before they are due in payroll department.** \*All sign-n-sheets must accompany the supplemental forms, along with a copy of the agenda.
- \*Stipend pay **not** allowable for clerical or for any long-term substitute of any type.
- \*All hours indicated on sign n sheet must be documented on “supplemental form”. Any teacher not being paid for the total hours work must be aware of this beforehand. Please have written documentation of stating the teacher is aware that they will work 4 hours but only be paid for 3 hours, etc.
- \*Please be careful to not duplicate a supplemental form. For revisions to an existing supplemental, please call us for required procedures.

### **Substitute Reimbursement:**

- \*Turn in Request for Expenditures for approval. Please make sure dates are on the request.
- \****Federal Programs Substitute Reimbursement form required.***
- \*The substitute must sign the teacher’s payroll. The payroll department, not Title II, will pay the substitute. Title II will do a transfer sheet based on the substitute reimbursement form you submit to Title II.
- \*For consistency for proposal requests, please allow \$88.00 for substitute pay.

## 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)



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

Six (6) weeks Prior to Activity

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

Attach a copy of the Contract Forms **FP 300-1** and **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)*  
W-9 Required for New Vendors

Upon Completion

Invoice signed and dated by administrator, 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

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

**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: (vender, 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: \_\_\_\_\_

- **Form can be found on CPSB Website, Internal Auditing Department**



S-514

**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*

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





## Procedures for Title II Stipends Supplemental Pay

Prior to Activity

Request for Expenditure Form **FP 100/700** (Include activity, date, estimated cost) -- 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** must be used  
Strike overs and/or alterations on Sign in Form **FP 100-4A** are audit exceptions that will require Administrator 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.

- 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 5/08  
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)**



Payroll Use Only
Validated: _____
Imported: _____
Posted: _____

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

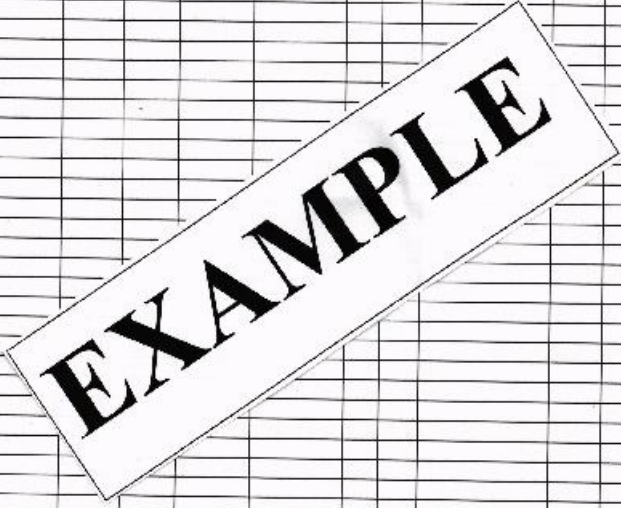
Revised: Jun. 24, 2010

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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27									
28									
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: \_\_\_\_\_

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

DATE \_\_\_\_\_

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

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

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

Employee ID  
0

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

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

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



## Procedures for Title II Substitutes

Request for Expenditure Form **FP 100/700** (Include activity, date, estimated cost) -- 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

Submitted Form **FP 500-6 Title II Reimbursement for Substitutes** to the Federal Programs Department  
*due 2 days prior to Payroll dates*

***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 II 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) -- one per activity submitted for approval by the Federal Programs Department  
W-9 Required for New Vendors

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 (if out of state, must be 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 Wayne Foster, Director of Internal Auditing.

If request FP to pay registration, submit registration forms complete with names, cost and **Administrator's Signature** at least six (6) weeks before any registration deadline

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 six (6) 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***

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 and <i>Principals signature</i> at least six (6) weeks 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 six (6) weeks 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, <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 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\*\*



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.**

- 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 5/08  
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**

<b>FP 500-2</b>
-----------------

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: \_\_\_\_\_

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.

<p><b>For Internal Auditing Use:</b></p> <p>Reimbursable Amount: \$ _____</p> <p>Date: _____</p> <p>_____</p> <p><b>Internal Auditor</b></p>
--

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.

Pre-Travel Checklist

Checklist for Pre-Travel	Yes	No
Request for Expenditure Form <b>FP 100/700</b>	<input type="checkbox"/>	<input type="checkbox"/>
Page from SWP	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Conference Travel Form <b>FP 500-2</b>	<input type="checkbox"/>	<input type="checkbox"/>
Activity, dates, number of participants & estimated cost	<input type="checkbox"/>	<input type="checkbox"/>
Submit registration forms complete with names, cost and <i>Principals signature</i> at least 3 weeks (15 schools days) before the early bird deadline and/or registration deadline	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
Federal Programs Travel Advance Request Form <b>FP 500-4</b> (airfare & hotel only) Submit no later than one month (20 school days) before trip	<input type="checkbox"/>	<input type="checkbox"/>
Use Governmental Emp. Hotel Lodging Sales/Use Tax Exemption Form <b>S-518</b> when checking into hotel.	<input type="checkbox"/>	<input type="checkbox"/>

- ✓ Registration fees and/or travel advances must be reimbursed to Title 1 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	<input type="checkbox"/>	<input type="checkbox"/>
Expense Voucher Form <b>S-536</b> – completed, signed, and dated (Home Address Must be Included)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Agenda	<input type="checkbox"/>	<input type="checkbox"/>
Name badge or certificate of completion	<input type="checkbox"/>	<input type="checkbox"/>
Itemized hotel bill with employee name, \$0 balance, <b>conference hotel rate documentation</b> (list occupants & attach their approved permission to travel forms)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Shuttle/Taxi receipts with driver’s signature (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Enter travel advance amount (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Partial Reimbursement Agreement Form <b>FP 500-3</b> (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Meal Reimbursement Form <b>S-504</b>	<input type="checkbox"/>	<input type="checkbox"/>
If registration is paid by individual, a copy of registration form, itemized receipt showing form of payment (statement or canceled check)	<input type="checkbox"/>	<input type="checkbox"/>
Please tape receipts & name badges to a sheet of paper	<input type="checkbox"/>	<input type="checkbox"/>

- ✓ 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 1 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\*\*



**Federal Programs Partial Reimbursement Agreement**

Please enter below the pertinent information concerning partial reimbursement.

School: \_\_\_\_\_

Conference: \_\_\_\_\_ Request #: \_\_\_\_\_

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

\_\_\_\_\_  
**Administrator/Consultant Signature** **Date**

**Conference Attendees' Signatures** **Date**

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

**Approved form must be attached to attendee's expense voucher.**



### REIMBURSEMENT FOR MEALS

(Attach to Travel Advance and Travel Voucher)

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

	<u>Regular Cost Travel Areas</u>	<u>High Cost Travel Areas</u>
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 <input type="text"/>				
Date <input type="text"/>				
Date <input type="text"/>				
Date <input type="text"/>				
Date <input type="text"/>				
				GRAND TOTAL <input type="text"/>

Print Form

Reset Form

# Title II Unduplicated Count Form

FP 500-5

Local Education Agency: Calcasieu Parish

\_\_\_\_\_ Unduplicated count of teachers/school personnel participating in professional development activities supported in part or entirely by Title II. Part A federal funds during FY \_\_\_\_\_.

Submitted by:

---

Name	Title	Date
------	-------	------

Upon completion of Title II funded Professional Development activities, please email or fax completed form to:

**Email:** [federalprogramsrosteet@cpsb.org](mailto:federalprogramsrosteet@cpsb.org) or **Fax:** 337-217-4171