

**CLAIBORNE PARISH SCHOOL BOARD**

**2024-2025 OVER-NIGHT TRIPS**

**ALEXANDRIA/NATCHITOCHE**

Date \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

LOCATION \_\_\_\_\_ POSITION \_\_\_\_\_

**REIMBURSEMENT OF EXPENSES FOR:**

Meeting: \_\_\_\_\_

Location: \_\_\_\_\_

DAILY CHARGES:	DAILY DATES					TOTAL:
	/ /	/ /	/ /	/ /	/ /	
Departure/Return Time						
Mileage @ .67						\$
Meals: (See Note below)						
*NOT -PER DIEM; MAX PAID						
Breakfast: * \$14.00						\$
Lunch: * \$16.00						\$
Dinner: * \$29.00						\$
Plane Fare						\$
Room*						\$
Other:* _____ (Parking, Registration, Etc.)						\$
<b>* Itemized receipts must be attached</b>					<b>GRAND TOTAL:</b>	<b>\$</b>
<b>Meals:</b> Breakfast - MUST leave before 6 A.M. Lunch - Meeting & travel MUST begin at or before 10 A.M. Dinner -Travel MUST end at or after 8 P.M.			<b>Meals will be reimbursed according to State Policy.</b>			

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

Supervisor/Principal Signature \_\_\_\_\_

<b>Central Office Use Only:</b>	
Fund: _____	Account: _____
Approval: _____	Date: _____
Approval: _____	Date: _____

## **Instructions for completing the travel reimbursement form**

Attach:

Approved professional absence form

Mileage chart or driving directions with total mileage and map

Signed itemized receipts (food receipts must list items purchased)

Meeting agenda

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

### **Calculating reimbursement amounts**

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

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

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

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

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

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

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

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