

CLAIBORNE PARISH SCHOOL BOARD
DAY TRIP ONLY
2024-2025

Date: _____

Employee Name: _____

Location: _____ Position: _____

Reimbursement of Expenses for:

Meeting: _____

Location: _____ Date: _____

Mileage: _____ at \$0.67	Total _____
Departure/Return Time: _____	
Other: _____	Total _____
GRAND TOTAL _____	

Employee Signature: _____ Date: _____

Supervisor/Principal Signature: _____

CENTRAL OFFICE USE ONLY:	
Fund: _____	Account #: _____
Approval: _____	Date: _____
Approval: _____	Date: _____