



JEFFERSON PARISH SCHOOLS
TRAVEL VOUCHER- LOCAL TRAVEL

REV 01/06/2025

TO: ACCOUNTS PAYABLE

FROM:

SCHOOL OR DEPARTMENT

DATE SUBMITTED FOR REIMBURSEMENT

PERIOD COVERED: TO

FUND NO.

FULL NAME- (PRINT)

BUDGET CODE

STREET ADDRESS

UNIT NO.

CITY, STATE, ZIP CODE

EIC OBJ (If Applicable)

EMPLOYEE NUMBER

JOB TITLE

LOCAL TRAVEL REIMBURSEMENT REQUESTS ARE TO BE SUBMITTED TO ACCOUNTS PAYABLE BY THE 7TH DAY OF THE FOLLOWING MONTH

Table with 5 columns: DATE, NAME OF MEETING ATTENDED AND/OR LOCATION **, BEGINNING MILEAGE (No Decimals), ENDING MILEAGE (No Decimals), DAILY TOTAL (No Decimals). The table contains 20 rows of empty data with a '0' in the daily total column.

Summary table with 2 columns: Description and Amount. Rows include: TOTAL MILES DRIVEN (0), REIMBURSEMENT: RATE @ .70 PER MILE (0.00), TOLLS/PARKING/OTHER (NEED RECEIPTS) (0.00), TOTAL REIMBURSEMENT (0.00).

APPROVED:

SIGNATURE OF PRINCIPAL OR SUPERVISOR

All monthly reimbursement requests exceeding \$250.00 MUST also be approved by the Chief of the Unit No. prior to submission to A/P Dept

I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT

** LOCATION: GIVE STARTING POINT TO DESTINATION

EMPLOYEE SIGNATURE