

**CLAIBORNE PARISH SCHOOL BOARD**  
**DAY TRIP ONLY**  
**2025-2026**

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

**Employee Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Reimbursement of Expenses for:**

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

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Mileage:</b> _____ at \$0.70	<b>Total</b> _____
<b>Departure/Return Time:</b> _____	
<b>Other:</b> _____	<b>Total</b> _____
<b>GRAND TOTAL</b> _____	

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor/Principal Signature:** \_\_\_\_\_

<b>CENTRAL OFFICE USE ONLY:</b>	
<b>Fund:</b> _____	<b>Account #:</b> _____
<b>Approval:</b> _____	<b>Date:</b> _____
<b>Approval:</b> _____	<b>Date:</b> _____