

CLAIBORNE PARISH SCHOOL BOARD  
2025-2026 OVER-NIGHT TRIPS  
STANDARD RATE

Instructions for Completing the Travel Reimbursement Form

Make sure all of the following items are attached to the Travel Reimbursement Form.

- Two proofs of attendance: *ID Badge, Certificate of Completion, Agenda, Picture of sign-in sheet*
- Signed and dated zero balance hotel invoice.
- Itemized food receipts (no alcohol)
- Mileage Chart or Map Directions

1. Download the Travel Reimbursement form to the computer.
2. Type the following information into the Travel Reimbursement page. Enter or TAB must be pressed to move to the different fields
  - a. **Employee Name**
  - b. Current Date in the “**Today’s Date**” field
  - c. **Mailing Address** (reimbursement will be mailed to the home address)
  - d. **Work Location**
  - e. Reimbursement Expenses for
    - i. **Meeting:** Name of professional development
    - ii. **Location:** City and state of the professional development
  - f. **Passengers and Driver** (if participants carpooled, list the driver and all passengers)
  - g. Enter the **First Day of Travel** (MM/DD/YYYY format)
  - h. Enter the **Number of Days Traveled** (the form will automatically populate the dates)
  - i. Enter the **time of departure and return** in the appropriate blanks
3. **Mileage Section:** Enter the mileage from the CPSB mileage chart (if applicable) or map directions for departure and return into the appropriate blanks. The sheet will calculate the mileage reimbursement cost.
4. **Meals Section:** If meals were provided by the conference or hotel, the cost of meals will not be reimbursed. If meals **are provided**, check the appropriate box each day. The sheet will calculate the total meal reimbursement.
5. **Lodging Section:** If the hotel **was not** prepaid by the district or school, enter the nightly rate without LA state taxes and city taxes.
6. **Transportation Section:** Enter the amount of your plane fare for the first and last day of travel. Enter the amount paid for reasonable baggage charges (no overweight charges allowed).
7. **Miscellaneous:** Enter the amount for parking (excluding LA sales tax) if you were the driver. Enter registration fees (if applicable). Enter ride-share/taxi fees if flying to your location. Enter other miscellaneous items if needed.
8. Verify the information you entered on the form.
9. Print the form.
10. Sign and date in **BLUE** ink.
11. Obtain your principal/supervisor’s signature.
12. Attach all supporting documentation.
13. Submit original documents to CPSB, and keep a copy for your records.

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EMPLOYEE NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 WORK LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_

REIMBURSEMENT OF EXPENSES FOR:

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

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

If driver, list passengers below:

If passenger, list driver below:

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

First Date of Travel: \_\_\_\_\_

Number of Days Traveled: \_\_\_\_\_

Date  
 (MM/DD/YY)  
 Departure/  
 Return Time

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

Mileage				Total Miles
Number of Miles	_____	_____	_____	
Attach CPSB Mileage Chart			Mileage @ \$0.70	

Meals						
Attached Signed Itemized Receipts						
<b>PER DIEM</b>						
Breakfast \$16 <small>(check box if provided)</small>	<input type="checkbox"/>	<b>Total</b>				
Lunch \$19 <small>(check box if provided)</small>	<input type="checkbox"/>					
Dinner \$28 <small>(check box if provided)</small>	<input type="checkbox"/>					
<b>Daily Total</b> <small>(Per Diem less provided meals)</small>	_____	_____	_____	_____	_____	

Lodging			
Attach Signed Itemized Receipt (with zero balance)			
Rate/day <small>(exclude LA state tax)</small>	_____	_____	<b>Total</b>

Transportation			
Attach Signed Itemized Receipt & Boarding Pass			
Plane/Bus/Train	_____	_____	<b>Total</b>
Baggage	_____	_____	

Miscellaneous			
Attach Signed Itemized Receipt & Boarding Pass			
Parking	_____	_____	<b>Total</b>
Registration	_____	_____	_____
Rideshare/Taxi	_____	_____	_____
Other:	_____	_____	_____
			<b>Grand Total</b>

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Central Office Use Only:			
Fund:	_____	Account:	_____
Approval:	_____	Date:	_____
Approval:	_____	Date:	_____