

**CLAIBORNE PARISH SCHOOL BOARD  
HOMER, LA. 71040  
2025-2026**

**EMPLOYEE NAME:** \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

DATE	PLACE	MILES
	TOTAL MILES	
	TOTAL REIMBURSEMENT DUE @ .70 CENTS PER MILE	

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**POSITION**

**SCHOOL** \_\_\_\_\_

**APPROVED BY:**

**ACCOUNT NO.**

**EMPLOYEE SIGNATURE**

DATE \_\_\_\_\_