Revised 01/05/2026

# Jefferson Parish Schools
## Personnel Absentee and/or Reimbursement/Travel Voucher

Date

1 Name (print or type) | School/Department | Employee Number

2 IT IS HEREBY REQUESTED THAT PERMISSION BE GRANTED FOR ME TO BE AWAY FROM MY POSITION FOR ____ DAYS, BEGINNING

Date: ____ at ____ AND ENDING ____ at ____

3 Location of Meeting:

4 Name and Purpose of Meeting:

5 ____ Travel Reimbursement is requested for this trip --- Answer #6 below.
____ Travel Reimbursement is NOT requested for this trip --- Skip #6 & #7.

**An approved Hotel Sales Tax Exemption Form must accompany you to any in-state hotel as we do not pay sales taxes**

6 **Estimated Expenditures:**

A. **Transportation (estimate each mode)**
- a. Personal Auto ____ miles at 0.725 $ -
- b. Airfare/Train/Bus $
- c. Taxi Cab or Limo $
- d. Car Rental $

B. **Lodging:** Enter Hotel Name $

C. **Meals (estimate-Do NOT include meals provided by sponsor/conference)**
- a. **Louisiana Travel**
  - Breakfast ____ X $6 = -
  - Lunch ____ X $14 = -
  - Supper ____ X $20 = - $ -
- b. **Out of State Travel**
  - Breakfast ____ X $10 = -
  - Lunch ____ X $18 = -
  - Supper ____ X $28 = - $ -

D. **Registration Fee:** Enter Seminar Sponsor $

E. **Other:**
- a. Baggage/Tips $
- b. Parking $
- c. Other ____ $

Total: $ -

F. **Advance payments will be made only for the Airfare, Hotel and/or Seminar Sponsor with submission of this COMPLETED & APPROVED document.**
- a. **Airfare** CK# ____ $
- b. **Hotel** CK# ____ $ -
- c. **Registration** CK# ____ $ -

**Actual Expenditures: - TO BE SUBMITTED TO A/P UPON RETURN OF EVENT**

**ALL RECEIPTS MUST BE ATTACHED EXCEPT AS NOTED**

A. **Transportation (Attach MapQuest/ GoogleMaps for mileage)**
- a. Personal Auto ____ miles at 0.725 $ -
- b. Airfare/Train/Bus (Attach receipt) $
- c. Taxi Cab or Limo (Attach receipt) $
- d. Car Rental (Attach receipt) $

B. **Lodging: (Attach Hotel/Motel Bill)** $

C. **Meals: (NO receipts needed, but must submit conference/meeting agenda)**
- a. **Louisiana Travel**
  - Breakfast ____ X $6 = -
  - Lunch ____ X $14 = -
  - Supper ____ X $20 = - $ -
- b. **Out of State Travel**
  - Breakfast ____ X $10 = -
  - Lunch ____ X $18 = -
  - Supper ____ X $28 = - $ -

D. **Registration Fee: (Attach Receipt)** $

E. **Other: (Describe and Attach Receipt)**
- a. Baggage/Tips $
- b. Parking $
- c. Other ____ $ -

Sub-Total $ -

F. **Less payments by School System**
- a. Airfare $ -
- b. Hotel $ -
- c. Registration $ -

**Less Total Advanced** $ -

**Total Due Employee (School Board)** $ -

**GL KEY** ____ **EIC Key:** ____ **EIC Code:** ____

**GL BUDGET CODE** ____ ☐ APPROVE ☐ FUNDS AVAILABLE **EIC codes (if applicable)**

By signing below, I certify that I am eligible for all reimbursements requested and that no amounts requested above were reimbursed or provided by another party.

**Signature of Person Making Request**

**Signature of Division Head**
**Signature of Superintendent Also Required Prior To Out-Of-State Travel**

**Employee Address**

**Employee Phone Number**

**Final Approval – Department Head**

***** Payments will be made via DIRECT DEPOSIT, please submit a voided check with your first travel reimbursement request OR if a change in bank info**