

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

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

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

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

**Reimbursement of Expenses for:**

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

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

Mileage: _____ at \$0.725	Total _____
Departure/Return Time: _____	
Other: _____	Total _____
<b>GRAND TOTAL</b> _____	

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

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

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