CLAIBORNE PARISH SCHOOL BOARD

DAY TRIP ONLY

2026

Date: _____

Employee Name: _____

Location: _____ **Position:** _____

Reimbursement of Expenses for:

Meeting: _____

Location: _____ **Date:** _____

Mileage:	_____ **at $0.725**	**Total**	_____
Departure/Return Time:	_____		
Other:	_____	**Total**	_____
		GRAND TOTAL	_____

Employee Signature: _____ **Date:** _____

Supervisor/Principal Signature: _____

CENTRAL OFFICE USE ONLY:

Fund:	_____	Account #:	_____
Approval:	_____	Date:	_____
Approval:	_____	Date:	_____