CLAIBORNE PARISH SCHOOL BOARD
2026 OVER-NIGHT TRIPS
NEW ORLEANS/ OUT OF STATE

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.

CLAIBORNE PARISH SCHOOL BOARD

2026 OVER-NIGHT TRIPS

NEW ORLEANS/ OUT OF STATE RATE

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: mm/dd/yyyy

_____ Number of Days Traveled: _____

Date (MM/DD/YY)	mm/dd/yyyy				
Departure/ Return Time					

Mileage					Total Miles
Number of Miles					0
Attach CPSB Mileage Chart				Mileage @ $0.725	$ 0.00

Meals

Attached Signed Itemized Receipts

PER DIEM						
Breakfast $16 (check box if provided)	☐	☐	☐	☐	☐	
Lunch $19 (check box if provided)	☐	☐	☐	☐	☐	
Dinner $28 (check box if provided)	☐	☐	☐	☐	☐	**Total**
Daily Total (Per Diem less provided meals)						$ 0.00

Lodging

Attach Signed Itemized Reciept (with zero balance)

						Total
Rate/day (exclude LA state tax)						$ 0.00

Transportation

Attach Signed Itemized Reciept & Boarding Pass

						Total
Plane/Bus/Train						$ 0.00
Baggage						

Miscellaneous

Attach Signed Itemized Reciept & Boarding Pass

						Total
Parking						$ 0.00
Registration						$ 0.00
Rideshare/Taxi						$ 0.00
Other:						$ 0.00
					Grand Total	$ 0.00

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Central Office Use Only:

Fund: _____ Account: _____

Approval: _____ Date: _____

Approval: _____ Date: _____