CLAIBORNE PARISH SCHOOL BOARD
HOMER, LA. 71040
2026
IN-PARISH TRAVEL REIMBURSEMENT FORM

EMPLOYEE NAME:_____

MONTH_____YEAR_____

DATE	PLACE	MILES
	TOTAL MILES	
	TOTAL REIMBURSEMENT DUE @ .76 CENTS PER MILE	

EMPLOYEE SIGNATURE **DATE**

POSITION_____

SCHOOL_____

APPROVED BY:_____

ACCOUNT NO.