

CLAIBORNE PARISH SCHOOL BOARD
DAY TRIP ONLY
2026

Date: _____

Employee Name: _____

Location: _____ **Position:** _____

Reimbursement of Expenses for:

Meeting: _____

Location: _____ **Date:** _____

Mileage: _____ at \$0.76	Total _____
Departure/Return Time: _____	
Other: _____	Total _____
GRAND TOTAL _____	

Employee Signature: _____ **Date:** _____

Supervisor/Principal Signature: _____

CENTRAL OFFICE USE ONLY:	
Fund: _____	Account #: _____
Approval: _____	Date: _____
Approval: _____	Date: _____