



# Travel Packet

January 1, 2026 to December 31, 2026

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## Iberville Parish School Board

Updated August 10th, 2026

### Professional Development Request Procedures

1. Employees must complete the Professional Development Request Form for **all types of out-of-parish travel and/or training**. The form must be submitted no later than 14 days before the travel date. *This form shall only be used for out-of-parish travel.*
2. The Professional Development Request Form must be forwarded for signatures. If the training requires overnight accommodations and/or airfare, travel arrangements cannot be made until the form has been approved by all required signatures. (Requests may be denied.)
3. Once the form has been approved:
  - a. Requestor must enter the absence in Kelly Service, even if no substitute is needed. When entering this absence, select "PD". In the notes box, you will need to enter the account number for this travel (it will be on your approved request form.)
  - b. Requestor must complete the registration form.
  - c. If you are located at a school, the requestor must give the registration form and the approved professional development request form to the school secretary/bookkeeper to enter a requisition (in alio) for the registration fees. If you are located at the Central Office, the requestor enters a requisition (in alio) for the registration fees.
  - d. If the training requires airfare, the requestor must:
    - i. If fewer than 3 persons are traveling together, the requestor must make their arrangements and request reimbursement using the travel reimbursement form upon return from the training.
    - ii. If more than 3 persons are traveling together, the school secretary/bookkeeper should enter a requisition to Pearson's Travel. Once the PO is approved, the district will initiate contact with the vendor to make the arrangements and pay for the airfare before the training.
  - e. Once the school secretary/bookkeeper has an approved purchase order, he/she will return all paperwork to the requestor for further processing.
  - f. Requestor must send the registration form, approved professional development request form, and a printed copy of the purchase order to Accounts Payable, at the School Board Office, for processing. Accounts payable will only pay registration fees directly to the vendor. Keep a copy of the Professional Development Form for your records.
    - i. Accounts Payable will not make your travel arrangements. It is your responsibility to make sure all arrangements have been made.
4. Upon returning from your training:
  - a. Within 10 working days of your return, you must submit a Travel Reimbursement Request Form to Accounts Payable for reimbursement.
    - i. The completed reimbursement request form should include all required receipts, badges, etc., and the approved professional development request form.
    - ii. All fields must be completed or the request will be returned to you for completion. This will delay the reimbursement being made to you.
  - b. Please allow up to 2 weeks for processing.
5. If you attend multiple trainings within the month, please use a separate travel reimbursement form for each training.

### **Professional Development Checklist**

*Please use this checklist to ensure you have completed all steps to attend PD.*

| <b>Steps</b>                                                                                                                                                                                                                                                                           | <b>Complete</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| PD Request Submitted for Approval (at least 14 days prior to registration due date) <ul style="list-style-type: none"><li>• If overnight accommodations are needed, the hotel tax exempt form must be submitted at the same time.</li></ul>                                            |                 |
| PD Request Approved <ul style="list-style-type: none"><li>• Employee receives approved/signed copy</li></ul>                                                                                                                                                                           |                 |
| Absence reported to Kelly Services (KES), regardless if substitute is needed and regardless if school is in session                                                                                                                                                                    |                 |
| Complete the conference/training registration form                                                                                                                                                                                                                                     |                 |
| Give completed registration form to school bookkeeper or department secretary to enter a requisition (so the registration can be paid)                                                                                                                                                 |                 |
| Once you have an approved purchase order, you may continue to the next step.                                                                                                                                                                                                           |                 |
| Confirm that school bookkeeper or department secretary has submitted your registration to Central Office for payment processing (to be paid by check)<br>OR<br>If credit card payment is required, report to Central Office to process your payment (must have all required paperwork) |                 |
| Employee must make hotel arrangements                                                                                                                                                                                                                                                  |                 |
| Employee must make airfare arrangements (talk to school bookkeeper or department secretary)                                                                                                                                                                                            |                 |
| Confirm with conference/training center that your registration has been paid, at least two weeks prior to conference/training date                                                                                                                                                     |                 |
| Submit travel reimbursement request, within 10 working days upon your return, to Central Office for processing <ul style="list-style-type: none"><li>• Ensure that you have submitted all required documents/forms</li></ul>                                                           |                 |



# Iberville Parish Schools

## Professional Development Request

Employee Name

Employee Email

Location

☐ Schools ☐ Central Office

Is this an overnight trip?

☐ Yes ☐ No

Travel Start Date

Travel End Date

Conference Name

Conference Start Date

Conference End Date

Conference Location - Please include city and state

Number of Miles

Reason for Conference

UPLOAD- CONFERENCE AGENDA MUST BE UPLOADED IF  
THIS IS AN OVERNIGHT TRIP. NO EXCEPTIONS

Choose File or Drop Here

Substitute needed

☐ Yes ☐ No

Estimated Travel Costs

Registration Fees

Hotel Fees

**Airfare**

**Meals**

**Mileage (Auto)**

**Other**

**TOTAL**

\$0.00

**Travel Account #**

*I request that the Iberville Parish School Board pay my conference and travel expenses for me to attend the above conference. I understand that should I be unable to fulfill my commitment to attend this conference for ANY REASON, I hereby authorize the School Board to DEDUCT any and all nonrefundable conference expenses from my monthly salary check or any check(s) made payable to me. The conference expense shall be deducted/withheld from my next scheduled pay check. I further understand that the School Board may not know all expenses of the seminar immediately. I authorize the School Board to deduct/withhold seminar expenses from my check beginning with the next check following the School Board's knowledge of any delayed expense.*

**Employee Signature**

**REMINDER: Once approved, you must enter a requisition in Alio for your registration and airfare.**



## Governmental Employees Travel Sales/Use Tax Exemption Certificate

*Louisiana Revised Statute 47:305.7(A)(1)  
Louisiana Stadium and Exposition District  
New Orleans Exhibition Hall Authority*

**For questions about this form  
please contact:**

Louisiana Department of Revenue  
Phone: (855) 307-3893  
Email: [Sales.Inquiries@la.gov](mailto:Sales.Inquiries@la.gov)

This certificate is for use **only** by employees of the United States government, the State of Louisiana and its political subdivisions.

|                                                      |       |                   |                       |
|------------------------------------------------------|-------|-------------------|-----------------------|
| Employee Name                                        |       | Government Agency |                       |
| Agency Address                                       |       |                   |                       |
| City                                                 | State | ZIP               | Agency Contact Number |
| Authorized Dates of Travel (mm/dd/yyyy - mm/dd/yyyy) |       | Destination       |                       |

This certifies that the employee named above is an employee of the above named government agency and that the travel expenses incurred are necessitated by the employee's conduct of the official business of this government agency. These expenses are required to be accounted for to his/her government agency employer and are reimbursable by the government agency to the employee in the actual amount incurred. The government agency named above claims exemption from the payment of state and local sales taxes. For hotel room rental charges (hotel/lodging costs), this exemption certificate is also valid for an exemption from the payment of Louisiana Stadium and Exposition District and New Orleans Exhibition Hall Authority occupancy taxes. This exemption certificate does not exempt the employee from payment of local hotel occupancy taxes in other jurisdictions. For additional information regarding hotel occupancy taxes in other jurisdictions, please contact the jurisdiction directly.

Under penalty of perjury, I declare that I have examined this exemption certificate and accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

### Authorization

|                                                        |                                                              |
|--------------------------------------------------------|--------------------------------------------------------------|
| Employee Signature                                     | Date (mm/dd/yyyy)                                            |
| Government Agency Representative (other than employee) | Government Agency Representative Title (other than employee) |
| Government Agency Representative Signature             | Date (mm/dd/yyyy)                                            |

### Hotel/Lodging Information

(To Be Completed by Hotel)

|                                                  |
|--------------------------------------------------|
| Hotel Name                                       |
| Dates of Employee's Stay (mm/dd/yyyy-mm/dd/yyyy) |

### Vehicle Rental Information

(To Be Completed by Vehicle Rental Dealer)

|                         |                                   |
|-------------------------|-----------------------------------|
| Vehicle Rental Dealer   | Vehicle Rental Reservation Number |
| Dates of Vehicle Rental |                                   |

### Vehicle Parking Information

(To Be Completed by Vehicle Parking Dealer)

|                          |                                                    |
|--------------------------|----------------------------------------------------|
| Vehicle Parking Dealer   | Vehicle Parking Reservation Number (if applicable) |
| Dates of Vehicle Parking |                                                    |

**Notice to Dealer: Report this sale on the appropriate line of the Louisiana Hotel/Motel sales tax return as exempt room rentals.**

## M&IE breakdowns FY 2027

Employees will be reimbursed for meals pursuant to the schedule below, while traveling for IPSB approved travel

| Location     | M&IE Total | Breakfast | Lunch | Dinner |
|--------------|------------|-----------|-------|--------|
| In-State     | \$68       | \$16      | \$19  | \$33   |
| New Orleans  | \$80       | \$20      | \$22  | \$38   |
| Out-of-State | \$86       | \$22      | \$23  | \$41   |

- A. Breakfast - When travel begins on/or before 6:00 a.m. and ends after 9:00 a.m. on the last day of travel and for intervening days.
- B. Lunch - When travel begins on/or before 10:00 a.m. on the first day and ends after 2:00 p.m. on the last day of travel, and for intervening days.
- C. Dinner - When travel begins on/or before 6:00 p.m. on the first day and ends after 6:00 PM on the last day of travel, and for any intervening days.



Iberville Parish School Board  
58030 Plaquemine Street  
Plaquemine, La 70764  
(225)687-4341

## TRAVEL EXPENSE Request for Reimbursement

| Employee Information              |
|-----------------------------------|
| <b>Name:</b>                      |
| <b>Mailing Address:</b>           |
| <b>City, State, and Zip Code:</b> |

| EXPENSE SUMMARY                                                                                                      |                                     |            |                                  |          |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------|----------------------------------|----------|
| Account Number                                                                                                       |                                     |            |                                  |          |
| Travel Date/Time                                                                                                     | Start Date                          | Start Time | End Date                         | End Time |
|                                                                                                                      |                                     |            |                                  |          |
| Subsistence                                                                                                          | Lodging                             | \$         | TOTAL<br>Subsistence Costs       | \$       |
|                                                                                                                      | Meals                               | \$         |                                  |          |
| Transportation                                                                                                       | Airfare                             | \$         | TOTAL<br>Transportation<br>Costs | \$       |
|                                                                                                                      | Auto: _____ @<br>76 cents per mile  | \$         |                                  |          |
|                                                                                                                      | Incidentals<br>(cabs, etc.)         | \$         |                                  |          |
|                                                                                                                      | Tolls                               | \$         |                                  |          |
|                                                                                                                      | Parking                             | \$         |                                  |          |
| Miscellaneous                                                                                                        | Tips "For Overnight<br>Travel Only" | \$         | TOTAL<br>Miscellaneous<br>Costs  | \$       |
|                                                                                                                      | Other Expenses                      | \$         |                                  |          |
| For overnight lodging expenses only:<br>Did you submit a hotel tax exempt form to the hotel? Please check yes or no. |                                     |            | YES                              | NO       |
| <b>TOTAL REIMBURSABLE COSTS</b>                                                                                      |                                     |            |                                  | \$       |

### CERTIFICATE OF PAYEE

I certify that this expense account is complete and accurate in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the school board and none of the expenses have been paid by the school board; and that the full amount is justly due.

|                    |                |      |
|--------------------|----------------|------|
| Employee Signature | Title/Position | Date |
|--------------------|----------------|------|

|                    |                |      |
|--------------------|----------------|------|
| Approval Signature | Title/Position | Date |
|--------------------|----------------|------|

Checklist for required information and/or documents that must be attached:

|       |                                                                                                             |
|-------|-------------------------------------------------------------------------------------------------------------|
|       | You must state what conference and the location of the conference you attended under the purpose of travel. |
|       | Approved "Permission to be away" Form                                                                       |
|       | Name badge from conference AND Conference agenda                                                            |
|       | Receipts for hotel, parking, airline tickets, baggage, and registration.                                    |
| Note: | No meals may be charged for in-parish travel.                                                               |

| EXPENSE DETAIL |  |
|----------------|--|
|----------------|--|

[illegible]



## Iberville Parish School Board

Louis Voiron, Jr., Ed.D.  
*Superintendent*  
*Secretary/Treasurer*

Yolanda Laws  
*President*

Daven Tullier  
*Vice-President*

September 18, 2024

Beginning October 1, 2024, Iberville Parish School Board will no longer issue paper checks to employees for travel reimbursements. Instead, all employees are required to be paid by electronic funds transmittal (electronically via ACH).

The benefits of this new payment method are:

- You will receive payment quicker (2 banking days).
- You will have a reduction of clerical time spent to copy and endorse the check, prepare a deposit slip, and take the deposit to the bank.
- There is a reduction of likelihood of errors for depositing the payment in the wrong bank account or to the wrong customer account number.
- These will eliminate lost or destroyed checks.

We will benefit from improved efficiencies paying our employees and less clerical time spent reconciling bank statements and researching outstanding checks. We value your service and support and are confident that you will benefit from using electronic deposit.

You will receive a payment of advice to your email, which will include our account number and the numbers, dates, and amounts of all invoices included in the electronic payment. We will treat your banking information with the utmost security and confidentiality.

Please email the completed "New Vendor Direct Deposit Accounts Payable Authorization Agreement" form to [terrynsimon@ipsb.education](mailto:terrynsimon@ipsb.education) or mail it to Terry Simon, Finance Department P.O. Box 151, Plaquemine, LA 70765. If you have any questions, please feel free to call Terry at (225) 687-4341 ext. 1047.

Thanks so much for helping us stretch taxpayer dollars further.

Sincerely,

Louis Voiron, Jr., Ed.D.  
Superintendent

## New Vendor Direct Deposit Accounts Payable Authorization Agreement

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

I, \_\_\_\_\_ authorize the Iberville Parish School Board to make electronic deposits into the following bank account:

Account Type:

Checking \_\_\_\_\_ OR Savings \_\_\_\_\_

Bank Institution Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Bank Account Physical Address City/State/Zip Code

\_\_\_\_\_

***This authorization is to remain in full force and effect until the Iberville Parish School Board has received written notification from me of its termination in such a manner as to afford the Iberville Parish School Board and the Bank a reasonable opportunity to act on it.***

\_\_\_\_\_

3ÉÇÎÁÔÖÒÀ

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email (PRINT)

\_\_\_\_\_

Remittance Address

Please attach a voided check or a letter from your bank for verification of the account. Be advised that IPSB will not do a pre-note on this account. Once completed, email this form along with account verification to [terrynsimon@ipsb.education](mailto:terrynsimon@ipsb.education). You may also mail it to Terry Simon, Finance Department P.O. Box 151, Plaquemine, LA 70765. If you have any questions, please feel free to call Terry at (225) 687-4341 ext. 1047.

## ***TRAVEL EXPENSE REIMBURSEMENT***

The Iberville Parish School Board shall reimburse employees and School Board members for expenses incurred while on official School Board business, within budgetary limitations. Travel expenses shall be limited to those expenses necessarily incurred by employees or School Board members in the performance of official responsibilities as may be authorized by the School Board. Reimbursement of expenses shall be based on submission of a properly completed and approved travel reimbursement form and supporting receipts as may be required. Such expenses may be approved and incurred in line with budgetary allocations for the specific type of expense.

All transportation and lodging expenses may be paid in advance by the Iberville Parish School Board provided the employee who is traveling signs a statement agreeing to reimburse the Iberville Parish School Board for any lost fees or expenses should the employee not attend the conference. Before holding any employee responsible for reimbursement of any fees or expenses, the Superintendent, at his or her discretion, may review any extenuating circumstances that prevent or prevented an employee from attending the conference.

All employees who use their private vehicles for official School Board business shall be required to carry liability insurance in an amount equal to or greater than the amount required under Louisiana law in order to be eligible for reimbursement. When a private vehicle is used for official School Board duties, mileage shall be reimbursed based at the current Internal Revenue Service (IRS) standard mileage rate. In no case shall an employee be allowed mileage or transportation reimbursement when the employee has been gratuitously transported by another person.

Any employee or School Board member who submits a false or fraudulent travel claim shall be subject to disciplinary action and the School Board shall be entitled to restitution in full compliance with statutory provisions.

*Travel Reimbursement* forms must state the purpose for which expenses were incurred and have attached all required receipts. *Travel Reimbursement* forms are available upon request in the School Board Office.

Maximum reimbursable travel expenses for School Board members and authorized school personnel incurred for routine School Board business, workshops, and/or conferences shall be as follows:

1. Transportation

A. Actual mileage for use of personal vehicle at the allowable rate per mile fixed annually by the Internal Revenue Service.

B. Coach, Economy, or equivalent airfare to and from site of convention, conference, or other related business travel. (Copy of the airline ticket and receipt must be attached.)

i. **Checked bag reimbursement is limited to one checked bag each way at the standard rate when traveling by air with receipt (excludes overweight fees).**

C. Cabs and other transportation not to exceed (without receipt):

\$15.00 from plane to hotel, and

\$15.00 from hotel to plane

\$10.00 per hotel day

If **a detailed receipt indicating starting point and destination** is submitted, full amount will be reimbursed. **Excessive transportation expenses relating to dining may be denied when comparable dining options were available closer, transportation costs exceed reasonable meal cost, and/or travel appears to be personal or recreational.**

D. Parking: Actual cost must be supported by receipts or charged on hotel bill. Miscellaneous parking such as parking meters may be claimed if not excessive.

2. Fees and Registration: Cost of registration or comparable fees. (Must be supported by receipts.)

3. Hotel Accommodations: Single room rate for comfortable accommodations at bona fide hotel or motel. (Convention's headquarters or comparable thereto.)

Hotel bill must be attached to Travel Reimbursement Form.

4. Meals Allowance:

Employees will be reimbursed for meals pursuant to the schedule herein, while traveling as follows:

|              | <u>M&amp;IE Total</u> | <u>Breakfast</u> | <u>Lunch</u> | <u>Dinner</u> |
|--------------|-----------------------|------------------|--------------|---------------|
| In-State     | \$68                  | \$16             | \$19         | \$33          |
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- C. Dinner - When travel begins on/or before 6:00 p.m. on the first day and ends after 6:00 p.m. on the last day of travel, and for any intervening days.

No meals may be charged for in parish travel.

- 5. Miscellaneous Tips: (Hotels, baggage, etc.) cost not to exceed: \$10.00 for entire trip.
- 6. Other Expenditures:

All other expenditures must be supported with detailed receipts and appropriately justified. **The Superintendent's approval is required.**

If expenses reported for reimbursement are more than maximums listed above, reimbursement shall be made only up to said maximums, and each excess category shall be reduced accordingly before submitting for approval.

Adopted: October 23, 1978

Revised: February 2004

Revised: November, 1979

Revised: January, 2005

Revised: July, 1981

Revised: October 3, 2016

Revised: September, 1985

Revised: March 10, 2025

Revised: June, 1989

**Revised: June 8, 2026**

Ref: La. Rev. Stat. Ann. §17:81

Board minutes, 9-17-68, 8-13-79, 10-8-79, 6-22-81, 9-9-85, 2-27-89,  
9-13-04, 10-3-16, 3-10-25, **6-8-26**

Iberville Parish School Board