

# MOREHOUSE PARISH SCHOOL BOARD

## OUT OF PARISH TRAVEL REQUEST/REIMBURSEMENT FORM:

receipts for lodging, parking, registration, luggage charge, and taxi must be attached to this form when submitting for reimbursement.  
Documentation such as agenda, certificate of attendance, and name tag must be attached to verify attendance & meals.

**Name:** \_\_\_\_\_ **Mailing Address (Home):** \_\_\_\_\_

**Trip to:** \_\_\_\_\_ **Purpose:** \_\_\_\_\_

**Date/Time of Departure:** \_\_\_\_\_ **Date/Time of Return:** \_\_\_\_\_

**Justification:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal's Approval to Attend, if applicable: Is a substitute teacher? Yes or No** \_\_\_\_\_

**Employee Contact Phone#:** \_\_\_\_\_

Check one:

**Registration Fees**

- \_\_\_\_\_ School Board credit card
- \_\_\_\_\_ PO or check
- \_\_\_\_\_ Paid by employee

**Registration Amount:** \_\_\_\_\_

**Hotel/Lodging:**

- \_\_\_\_\_ School Board credit card
- \_\_\_\_\_ PO or check
- \_\_\_\_\_ Paid by employee

\_\_\_\_\_ Number of Nights @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Prepaid-By purchase order or check prior to registration deadline.

Not prepaid -By employee, attach receipt for reimbursement.

No late fees will be paid by school board or reimbursed.

**Airfare**

- \_\_\_\_\_ School Board credit card
- \_\_\_\_\_ PO or check
- \_\_\_\_\_ Paid by employee

**Mileage:** \_\_\_\_\_ Miles @ \$.655= \_\_\_\_\_

Day 1      Day 2      Day 3      Day 4      Day 5      Day 6      Day 7

**Meals:**

(Per Diem-no receipts needed)

Breakfast:

Lunch:

Dinner:

**Meal Total**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast:							
Lunch:							
Dinner:							
<b>Meal Total</b>							

**Other Expenses:**

\_\_\_\_\_  
\_\_\_\_\_

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

**Mileage**

**Subtotal of Estimated Expenses:**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	

**Total Reimbursement:**

\$ \_\_\_\_\_

**(To be completed by the Business Office)**  
**Reimbursement Amount:**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	

**Signature:** \_\_\_\_\_

**Supervisor Prior Approval to Attend:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Charge to Fund/Account Number:** \_\_\_\_\_

**Superintendent Prior Approval:** \_\_\_\_\_

**Supervisor or Superintendent Approval to Reimburse:** \_\_\_\_\_

**(NOTE: All receipts & documentation stated above MUST be attached for reimbursement to be approved)**