

EAST BATON ROUGE PARISH SCHOOL SYSTEM TRAVEL EXPENSE SETTLEMENT FORM

Name _____ *Employee ID# _____ *Account # _____
 (Required)
 Location/School _____ EIC Code** _____
 Home Address _____ City _____, LA Zip _____ Home Phone # _____

Please print in black or blue ink only.

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATES	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Plane Fare							
Taxi							
Parking							
Mileage	[]	[]	[]	[]	[]	[]	[]
Calculate Mileage @ .50¢ per mile.							
Per Diem							
Registration							
Lodging							
Luggage Tips							
Airline Baggage Fees							
Other:							
TOTAL EXPENSES							

CHECK LIST

1. Review instructions on the back of this form.
2. **Only include** expenses paid with personal funds or with an advance issued in **your name**.
3. **Original itemized receipts must be attached.**
4. **Must** have appropriate persons sign this form.
5. Daily meals paid at the per diem rate. (\$40/\$55 high cost).
(\$55 per day: Anaheim, CA; Atlanta, GA; Baltimore, MD; Boston, MA; Chicago, IL; Dallas/Fort Worth, TX; Denver, CO; Houston, TX; Indianapolis, IN; Lake Buena Vista, FL; Las Vegas, NV; Los Angeles, CA; Memphis, TN; Miami, FL; Nashville, TN; New Orleans, LA; New York, NY; Newark, NJ; Oakland, CA; Orlando, FL; Philadelphia, PA; Phoenix, AZ; Salt Lake City, UT; San Antonio, TX; San Diego, CA; San Francisco, CA; St. Louis, MO; Seattle, WA; Tampa, FL; Washington, D.C. (including Arlington, VA))
6. The approved/signed Professional Leave Form and Conference Agenda **MUST** be attached. **Note:** Complete and submit to the Accounting Department within 30 days after travel.

Call 922-5420 if you have any questions.

Advance Check #	
Less Advance	()
Due EBRPSB	
Due Employee	

*Purpose of Travel _____

*Event Address _____ City/State _____

Date of Travel: ____ / ____ / ____ through ____ / ____ / ____

Was lodging shared? () No or () Yes If yes, with whom : Name: _____ Employee ID#: _____

*SIGNATURE OF EMPLOYEE

*PRINCIPAL/SUPERVISOR/ASST. SUPERINTENDENT

APPROVALS: _____

*DIRECTOR OF PROGRAM - *funding travel*

*SUPERINTENDENT/DEPUTY SUPERINTENDENT

*MANDATORY - IF BLANK, FORM WILL BE RETURNED TO EMPLOYEE