

EAST BATON ROUGE PARISH SCHOOL SYSTEM IN-PARISH TRAVEL EXPENSE REQUEST FORM

FOR MONTH OF _____ 20 _____

Name: _____ Loc: _____ Employee No. _____

Date	Trip		Purpose	Miles	Other Expense
	From	To			
				0.00	0

I certify that the above is a true accounting of my IN-PARISH TRAVEL EXPENSES. I understand that this form must be Received by the payroll dept. within 30 days of the month of Travel or I will not be paid.

TOTAL MILES & OTHER	\$	-
TOTAL MILEAGE @ .65 PER MILE	\$	-
GRAND TOTAL (MILEAGE & OTHER	\$	-

Employee's Signature Date

DEPT. _____

Supervisor's Signature Date

ACCOUNT CODE _____



EIC Code * _____