

**CLAIBORNE PARISH SCHOOL BOARD**  
**HOMER, LA. 71040**  
**2022-2023**  
**IN-PARISH TRAVEL REIMBURSEMENT FORM**

EMPLOYEE NAME: \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

| DATE  | PLACE | MILES |
|---|-------|-------|
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|   |       |       |
| <b>TOTAL MILES</b>                                  |       |       |
| <b>TOTAL REIMBURSEMENT DUE @ .58 CENTS PER MILE</b> |       |       |

|                             |               |
|-----------------------------|---------------|
| _____<br>EMPLOYEE SIGNATURE | _____<br>DATE |
| POSITION _____              |               |
| SCHOOL _____                |               |
| APPROVED BY: _____          |               |
| ACCOUNT NO. _____           |               |