

CLAIBORNE PARISH SCHOOL BOARD

HOMER, LA

Date _____

2020-2021 OVER-NIGHT TRIPS (TIER I)

PAY TO: _____

REIMBURSEMENT OF EXPENSES FOR:

Meeting: _____

Location: _____

DAILY CHARGES:	DAILY DATES					TOTAL:
	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	
Departure/Return Time						
Mileage @ .57						\$
Meals: (See Note below) *NOT -PER DIEM; MAX PAID						
Breakfast: * \$10.00						\$
Lunch: * \$14.00						\$
Dinner: * \$29.00						\$
Plane Fare						\$
Room*						\$
Other:* Parking, Registration, Etc.						\$
* Receipts must be attached (itemized receipt)					GRAND TOTAL:	\$

Meals:

Breakfast - MUST leave before 6 A.M.

Lunch - Meeting & travel MUST begin at or before 10 A.M.

Dinner -Travel MUST end at or after 8 P.M.

**Meals will be reimbursed according to
 State Policy.**

School: _____

Fund: _____

Account: _____

O.K. _____

Signed: _____

Position: _____

Approval: _____

