

BEAUREGARD PARISH SCHOOL BOARD  
2017-2018 TRAVEL EXPENSE ACCOUNT

\*\*MUST BE TURNED IN NO LATER THAN 1 MONTH FROM TRAVEL DATE\*\*

NAME:	DATE OF CLAIM:
ADDRESS:	SCHOOL:

Office use only: Object: 55582		Org:		Employee Number:		<b>MEALS</b>		
DATE	TERRITORY TRAVELED	PURPOSE OF TRAVEL	MILES	LODGING	BREAKFAST	LUNCH	DINNER	
Totals carried forward from page 2								
<b>Totals</b>								

Reimbursements are made in accordance with Beauregard Parish School Board Policy File:DJD.

**RECEIPTS** required for all costs where applicable *except MEALS*.

	<b>Totals</b>	
MILEAGE	Total Miles _____ X 0.51 =	<i>Maximum Meals:</i>
LODGING		In state: 51.00
MEALS		Breakfast 9.00
REGISTRATION FEE		Lunch 13.00
PARKING/TOLL		Dinner 29.00
AIR TRAVEL		Out of state / New Orleans 56.00
OTHER COST (IDENTIFY)		Tier III (High Cost) 61.00
TIPS    Baggage/Car Handling Only-\$10.00 Limit		Tier IV (High Cost) 68.00
TOTAL REIMBURSABLE COST		

I certify that this expense account is true in all respects.		
_____ Signature of Payee	_____ Supervisor Signature	_____ Reviewed By

