

BEAUREGARD PARISH SCHOOL BOARD
2018-2019 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:	MEALS		
DATE	TERRITORY TRAVELED	PURPOSE OF TRAVEL	MILES	LODGING	BREAKFAST	LUNCH	DINNER	
Totals carried forward from page 2								
Totals								

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

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

	Totals	
MILEAGE	Total Miles _____ X 0.54 =	<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 59.00
OTHER COST (IDENTIFY)		Tier III (High Cost) 61.00
TIPS Baggage/Car Handling Only-\$6.00 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

