Iberville Parish School Board
58030 Plaquemine Street Plaquemine, LA 70764
(225) 687-4341

TRAVEL EXPENSE ACCOUNT
Request for Reimbursement

The information below and the statement on the reverse side must be completely filled in by the payee prior to signature.

Name of Employee

Street Address

City, State, and Zip Code

NOTE	
±	Receipts must be attached for hotel, parking, airline tickets, and registration.
±	No meals may be charged for in-parish travel.
±	
±	**ODOMETER READINGS ARE REQUIRED. (See Reverse Side.)**

EXPENSE SUMMARY

TRANSPORTATION	**Airline, etc.**		**$**	**TOTAL Transportation Costs**	
	Auto	**mi. @ 48.5 cents per mile**	**$**		
	Incidentals (cabs, etc.)		**$**		
SUBSISTENCE	**Lodging**		**$**	**TOTAL Subsistence Costs**	**$**
	Meals		**$**		
TRAVEL DATE/TIME	**Start Date/Time**		**End Date/Time**		
TOLLS AND PARKING					**$**
TIPS					**$**
OTHER EXPENSES					**$**
TOTAL REIMBURSABLE COSTS					**$**

CERTIFICATE OF PAYEE

I certify that this expense account is complete and accurate in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the school board and none of the expenses have been paid by the school board; and that the full amount is justly due.

Signature of Payee | Title or Position | Official Domicile

APPROVAL

Signature | Title or Position | Date

STATEMENT OF EXPENSE

Date	Odometer Readings		Place or School and Purpose of Travel	Miles Traveled	Subsistence			Tolls & Park	Tips	Cab	Other Expenses (Registration, etc.)	
	DEP	ARR			Lodging	Meals* (incl. tip) No.	Meals* (incl. tip) Cost				Description	Cost
*Note: No meals may be charged for in-parish travel.			TOTALS	34		1						