

MONROE CITY SCHOOLS

P.O. BOX 4180
MONROE, LOUISIANA 71201

OUT-OF DISTRICT TRAVEL REQUEST REIMBURSEMENT/ADVANCE

DATE SUBMITTED _____

NAME OF TRAVELER: _____

BASE SCHOOL/LOCATION _____

MAILING ADDRESS: _____

NAME OF MEETING/CONFERENCE/OTHER _____

MEETING LOCATION (CITY & STATE) _____

GENERAL GUIDELINES FOR TRAVEL REIMBURSEMENT (ON BACK)

DATE(S)	a. Registration	b. In-State Meals			c. Lodging	d. Other Expense(s) <i>(write explanations below)</i>	e. Transportation				TOTAL (Column A thru E)	
		<i>Breakfast (\$8.00) 15% tip (.90)</i>	<i>Lunch (\$9.00) 15% tip (1.35)</i>	<i>Dinner (\$15.00) 15% tip (2.25)</i>			<i>Departure Time</i>	<i>Arrive Time</i>	<i>Number of miles</i>	<i>miles x (.48)</i>		

Expense Explanation:

Expense Total: \$

Less Advance -\$

Reimbursement Due \$

DATE(S)	a. Registration	b. New Orleans Meals			c. Lodging	d. Other Expense(s) <i>(write explanations below)</i>	e. Transportation				TOTAL (Column A thru E)	
		<i>Breakfast (\$8.00) 15% tip (1.20)</i>	<i>Lunch (\$10.00) 15% tip (1.50)</i>	<i>Dinner (\$19.00) 15% tip (2.85)</i>			<i>Departure Time</i>	<i>Arrive Time</i>	<i>Number of miles</i>	<i>miles x (.48)</i>		

Expense Explanation:

Expense Total: \$

Less Advance -\$

Reimbursement Due \$

I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee, elected member, or duly appointed representative of the Monroe City School Board.

Signature of Traveler: _____ Date: _____

Signature of Department Head: _____ Date: _____

(Optional)

NAME OF TRAVELER: _____

DATE(S)	a. Registration	b. Out-of-State Meals			c. Lodging	d. Other Expense(s) <i>(write explanations below)</i>	e. Transportation				TOTAL (Column A thru E)	
		<i>Breakfast (\$10.00) 15% tip (1.50)</i>	<i>Lunch (\$15.00) 15% tip (2.25)</i>	<i>Dinner (\$25.00) 15% tip (3.75)</i>			Departure Time	Arrive Time	Number of miles	miles x (.48)		
Expense Explanation:							Expense Total:				\$	
							Less Advance				-\$	
							Reimbursement Due				\$	

I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee, elected member, or duly appointed representative of the Monroe City School Board.

Signature of Traveler: _____ Date: _____ Signature of Department Head: _____ Date: _____

(Optional)

GENERAL GUIDELINES FOR TRAVEL REIMBURSEMENT:

- a. Registration documentation/receipt is required. A COPY of the Conference/Meeting Itinerary must accompany the reimbursement request.
- b. Meals/tips reimbursement not to exceed allowance. (Receipts are not required for meals within these allowances.)
If necessary to include a guest for meals, indicate name & position of guest; state reason for including of guest on expense sheet. If banquet or other meals are included as part of registration/fee, DO NOT INCLUDE same meals as expenses listed in "Meals."
- c. Detailed/itemized hotel bills are required for lodging. Single occupancy rate will be reimbursed. (If spouse or others occupy same room, have hotel or motel indicate on face of bill the single room rate. Charge tickets on credit cards with only total amounts are NOT acceptable.)
- d. Other expenses: Baggage tips - \$10.00 maximum exist for entire trip, Receipts must be attached for Parking Fees, Taxi Fares (in connection with meeting), and Airplane tickets (Details of flight itinerary).
- e. All Board Member Travel In/Out of State is \$50.00 per day.

REIMBURSEMENT REQUEST SHOULD BE SUBMITTED WITHIN TWO-WEEKS FROM THE LAST DAY OF THE MEETING ATTENDED.

ADVANCED PAYMENTS APPROVED ONLY ON MEETING OF THREE (3) OR MORE NIGHTS.