

## Richland Parish School Board

### TRAVEL EXPENSE ACCOUNT

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.			<b>DATE OF CLAIM</b>	
<b>NAME OF OFFICER OR EMPLOYEE</b>			<b>DEPARTMENT</b>	
<b>ADDRESS</b>			<b>FOR PERIOD</b>	
<b>CITY</b>				
<b>EXPENSE SUMMARY</b>				
<b>Automobile</b>	<b>Lump-Sum Allowance</b>		\$	
	<b>Per Mile Cost:</b>	mi. @	\$	
		mi. @	\$	
<b>Subsistence:</b>	<b>Lodging</b>		\$	
	<b>Meals</b>		\$	
<b>Tolls and Parking</b>			\$	
<b>Tips</b>			\$	
<b>Other Expenses</b>			\$	
<b>Total Reimbursable Costs</b>			\$	
<b>CERTIFICATE OF PAYEE</b>				
I certify that this expense account is just and true in all respects; that the distance 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 system of none of the expenses have been paid by the system; and that the full amount is justly due.				
<b>SIGNED BY PAYEE</b>		<b>TITLE OR POSITION</b>		<b>OFFICIAL DOMICILE</b>
<b>Approved for Payment</b>		<b>Superintendent</b>		

Remarks by employee in explanation of unusual items, etc.

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