



Jefferson Parish Schools
Personnel Absentee and/or Reimbursement/Travel Voucher

Date

1 Name (print or type) School/Department Employee Number

2 IT IS HEREBY REQUESTED THAT PERMISSION BE GRANTED FOR ME TO BE AWAY FROM MY POSITION FOR DAYS, BEGINNING Date: at AND ENDING at

3 Location of Meeting:

4 Name and Purpose of Meeting:

5 Travel Reimbursement is requested for this trip --- Answer #6 below. An approved Hotel Sales Tax Exemption Form must accompany you to any in-state hotel as we do not pay sales taxes

6 Estimated Expenditures: Actual Expenditures: - TO BE SUBMITTED TO A/P UPON RETURN OF EVENT ALL RECEIPTS MUST BE ATTACHED EXCEPT AS NOTED
A. Transportation (estimate each mode)
a. Personal Auto miles at 0.585 \$ -
b. Airfare/Train/Bus \$
c. Taxi Cab or Limo \$
d. Car Rental \$
B. Lodging: Enter Hotel Name \$
C. Meals (estimate-Do NOT include meals provided by sponsor/conference)
a. Louisiana Travel
Breakfast X \$3 = -
Lunch X \$7 = -
Supper X \$10 = - \$ -
b. Out of State Travel
Breakfast X \$5 = -
Lunch X \$9 = -
Supper X \$14 = - \$ -
D. Registration Fee: Enter Seminar Sponsor \$
E. Other:
a. Baggage/Tips \$
b. Parking \$
c. Other \$
Total: \$ -
F. Advance payments will be made only for the Airfare, Hotel and/or Seminar Sponsor with submission of this COMPLETED & APPROVED document.
a. Airfare CK# \$ -
b. Hotel CK# \$ -
c. Registration CK# \$ -
D. Registration Fee: (Attach Receipt) \$
E. Other: (Describe and Attach Receipt)
a. Baggage/Tips \$
b. Parking \$
c. Other \$
Sub-Total \$ -
F. Less payments by School System
a. Airfare \$ -
b. Hotel \$ -
c. Registration \$ -
Less Total Advanced \$ -
Total Due Employee (School Board) \$ -

GL KEY EIC Key: EIC Code:
GL BUDGET CODE APPROVE FUNDS AVAILABLE EIC codes (if applicable)

By signing below, I certify that I am eligible for all reimbursements requested and that no amounts requested above were reimbursed or provided by another party.

Signature of Person Making Request Signature of Division Head
Signature of Superintendent Also Required Prior To Out-Of-State Travel

Employee Address Final Approval - Department Head
Employee Phone Number *** Payments will be made via DIRECT DEPOSIT, please submit a voided check with your first travel reimbursement request OR if a change in bank info