



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

EXAMPLE

1/8/2020

Date

Jane Doe Student Support 3213254
Name (print or type) School/Department Employee Number

IT IS HEREBY REQUESTED THAT PERMISSION BE GRANTED FOR ME TO BE AWAY FROM MY POSITION FOR 2 DAYS, BEGINNING
Date: 1/15/2020 at 8:00 AM AND ENDING 1/16/2020 at 4:30 PM

Location of Meeting: Crown Plaza Hotel, 4728 Constitution Ave., Baton Rouge, LA

Name and Purpose of Meeting: Autism Awareness Seminar

Travel Reimbursement is requested for this trip --- Answer #6 below. An approved Hotel Tax Exemption Form must accompany you to any in-state hotel as we do not pay sales taxes.
Travel Reimbursement is NOT requested for this trip --- Skip #6 & #7.

Table with 2 main columns: Estimated Expenditures and Actual Expenditures. Rows include Transportation, Lodging, Meals, Registration Fee, Other, and Advance payments.

GL KEY 001000221 EIC Key: EIC Code:
GL BUDGET CODE 52220582 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.

Jane Doe

Signature of Person Making Request

1234 ABC Lane, Harvey, LA 70058

Employee Address

504-349-7600

Employee Phone Number

Supervisor/ Superintendent (If Applicable)

Signature of Division Head

Signature of Superintendent Also Required Prior To Out-Of-State Travel

Supervisor/ Superintendent (If Applicable)

Final Approval - Department Head

*** 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