



**JEFFERSON PARISH SCHOOLS  
TRAVEL VOUCHER- LOCAL TRAVEL**

REV. 01/07/2020

TO: ACCOUNTS PAYABLE

FROM:

**Student Support**

SCHOOL OR DEPARTMENT

**11/11/19**

DATE SUBMITTED FOR REIMBURSEMENT

PERIOD COVERED: 10/01/19 TO 10/31/19

**001**

FUND NO.

**52152582**

BUDGET CODE

**221**

UNIT NO

**14500**

EIC OBJ (If Applicable)

**Jane Doe**

FULL NAME- (PRINT)

**100 Stumpf Blvd**

STREET ADDRESS

**Gretna, LA 70056**

CITY, STATE, ZIP CODE

**3213254**

EMPLOYEE NUMBER

**Educational Diagnostician**

JOB TITLE

**LOCAL TRAVEL REIMBURSEMENT REQUESTS ARE TO BE SUBMITTED TO ACCOUNTS PAYABLE BY THE 7TH DAY OF THE FOLLOWING MONTH**

| DATE     | NAME OF MEETING ATTENDED AND/OR LOCATION **  | BEGINNING MILEAGE<br>(No Decimals) | ENDING MILEAGE<br>(No Decimals) | DAILY TOTAL<br>(No Decimals) |
|----------|--|------------------------------------|---------------------------------|------------------------------|
| 10/13/19 | Meisler-THarris-Greenlawn-Clancy-Thibodeaux  | <b>13456</b>                       | <b>13483</b>                    | <b>27</b>                    |
| 10/15/19 | Home- Chateau-Bonnabel-EJ-Gretna #2-501  | <b>13612</b>                       | <b>13653</b>                    | <b>41</b>                    |
|          |  |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>0</b>                     |
|          | *** If you are school/location hopping without breaks, you do not need to have a separate line for each trip. Continue your route like the above entries using one beginning and one ending mileage for your entire day. |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>0</b>                     |
|          | Feel free to abbreviate school/office locations (H Cox, EJ, WJ, M Harris, 822, 4600, 501, etc)   |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>0</b>                     |
|          | <b>EXAMPLE</b>   |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>0</b>                     |
|          | Only numbers should be in total column- no words, etc >>>>>>>>   |                                    |                                 | <b>0</b>                     |
|          | You can save the form with your information in these highlighted areas to use for future submissions as it never changes, unless you change departments or job titles  |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>0</b>                     |
|          | Do NOT modify the form in any way. If you need more lines, please use a second page  |                                    |                                 | <b>0</b>                     |
|          | Do NOT modify formulas- they are set up to calculate all lines in the column   |                                    |                                 | <b>0</b>                     |
|          | Sometimes modifications for one month are not conducive for the next.  |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>0</b>                     |
|          | Please use the non-formula version if you are handwriting your report  |                                    |                                 | <b>0</b>                     |
|          | Only normal district travel should be documented on this form. All seminars, conferences, etc should be completed on the Travel Request Form   |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>0</b>                     |
|          | LESS HOME TO WORK MILES (4 MLS * (#DAYS)) if you start odometer reading from home and they exceed your normal to/from office mileage to your first destination   |                                    |                                 | <b>-4</b>                    |
|          | ***We do not reimburse for normal to/from work commute miles***  |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>0</b>                     |
|          |  |                                    |                                 | <b>64</b>                    |

APPROVED:

*Supervisor/ Chief (if applicable)*

SIGNATURE OF PRINCIPAL OR SUPERVISOR

**All monthly reimbursement requests exceeding \$250.00 MUST also be approved by the Chief of the Unit No. prior to submission to A/P Dept**

TOTAL MILES DRIVEN

REIMBURSEMENT:

RATE @ .575 PER MILE

**36.80**

TOLLS/PARKING/OTHER

(NEED RECEIPTS)

**3.75**

TOTAL REIMBURSEMENT

**40.55**

I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT

*Jane Doe*

EMPLOYEE SIGNATURE

**\*\* LOCATION: GIVE STARTING POINT TO DESTINATION**