MOREHOUSE PARISH SCHOOL BOARD

OUT OF PARISH TRAVEL REQUEST/REIMBURSEMENT FORM:

Receipts for lodging, parking, registration, luggage charge, and taxi must be attached to this form when submitting for reimbursement.
Documentation such as agenda, certificate of attendance, and name tag must be attached to verify attendance & meals.

Name: ______________________ **Mailing Address (Home):** ______________________

Trip to: ______________________ **Purpose:** ______________________

Date/Time of Departure: ______________________ **Date/Time of Return:** ______________________

Justification: ______________________ **Date:** ______________________

Principal's Approval to Attend, if applicable: Is a substitute teacher? Yes or No ______________________

Employee Contact Phone#: ______________________

Check one:

Registration Fees
- ______ School Board credit card
- ______ PO or check
- ______ Paid by employee

Registration Amount: ______________________

Hotel/Lodging:

Prepaid-By purchase order or check prior to registration deadline.
Not prepaid -By employee, attach receipt for reimbursement.
No late fees will be paid by school board or reimbursed.

- ______ School Board credit card
- ______ PO or check
- ______ Paid by employee

______ Number of Nights @ $______ = $ 0.00

Mileage: ______ **Miles** **X** .76 = $ 0.00

Airfare
- ______ School Board credit card
- ______ PO or check
- ______ Paid by employee

Meals:
(Per Diem-no receipts needed)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast:							
Lunch:							
Dinner:							
Meal Total	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Other Expenses:

______							
______							

								Mileage
Subtotal of Estimated Expenses:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

(To be completed by the Business Office)
Reimbursement Amount: $ 0.00

Total Reimbursement								

Signature: ______________________

Supervisor Prior Approval to Attend: ______________________ Date: ______________________

Charge to Fund/Account Number: ______________________

Superintendent Prior Approval: ______________________

Supervisor or Superintendent Approval to Reimburse: ______________________

(NOTE: All receipts & documentation stated above MUST be attached for reimbursement to be approved)

Revised 08/04/2026