



# ST. HELENA PARISH SCHOOL DISTRICT

*A Relentless Pursuit of Excellence*

## Travel Expense Reimbursement Report

*This form, including necessary approvals, must be completed prior to travel.*

\_\_\_\_\_  
Date of Travel                      Name of Employee                      Departure Date                      Return Date

\_\_\_\_\_  
Destination                                      Purpose of Trip

\_\_\_\_\_  
Account to be paid from                      Account Number

Travel Advanced Requested \_\_\_\_\_ Yes – Amount \$ \_\_\_\_\_                      DATE OF CLAIM \_\_\_\_\_

Make check payable to (if other than traveler) \_\_\_\_\_

Detailed Estimation of Travel Expenses				Actual Cost
Qty.	Expense Item	Estimated Cost	Estimated Extended Cost	Complete AFTER trip
	Airfare (Coach class)	\$	\$	\$
	Personal Car	.54 cents per mile @ _____ miles	\$	\$
	Rental Car	\$	\$	\$
	Taxi, limousine, etc.	\$	\$	\$
	Lodging (# of nights)	\$	\$	\$
	Meals	\$	\$	\$
	Tolls and Parking	\$	\$	\$
	Tips	\$	\$	\$
	Registration Fee	\$	\$	\$
	Membership Fee	\$	\$	\$
	Other Expense	\$	\$	\$
<b>TOTAL TRAVEL EXPENDITURES</b>			\$	\$
			<b>LESS TRAVEL ADVANCE</b>	\$
			<b>TOTAL REIMBURSEMENT DUE TRAVELER</b>	\$

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Finance - Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Immediate Supervisor - Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent - Approval

\_\_\_\_\_  
Date

### District Vision:

*To develop a productive educational system that increases student achievement, develops educator effectiveness, and builds public confidence.*