Avoyelles Parish School Board Expense Report

Exhibit #7 Rev 3/7/24

School/Building	Account Name
Name	Account Group
Address	Account Code
Job Position	
Date Submitted	

Date	Destination	Description	Mileage
		TOTAL	

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that the amounts claimed are correct and reasonable.

_Miles @ .67= **\$_____**

Other (see attached)

Total Expenses

Budget

Over/Under

Steps for Travel Reimbursement(Submit 1(one) expense report per overnight trip.)

- 1) Approved request for overnight travel
- 2) Dated, itemized receipts for hotel, flight, regis., etc. and proof of payment (canceled ck, credit card statement)
- 3) Agenda

4) Indicate mileage traveled

- 5) Sign BOTH sheets of expense report
- 6) Reimbursement will be made up to the approved budgeted amount.

Signature _____ Principal Supervisor/Director _____

Exhibit # 7

Rev 3/7/24

Avoyelles Parish School Board

Travel Voucher

THE FOLLOWING EXPENSES WERE INCURRED:									
Date((s)	a. Registration				c. Other Expenses	d. Lodging	TOTALS	
			Breakfast	Lunch	Dinner				
			\$10.00	\$25.00	\$36.00	(With Explanations)			
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			Out	of State Me	alc				
			Breakfast	Lunch	Dinner				
			\$10.00	\$25.00	\$36.00				
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	I	I			<u> </u>		Total Expenses		
a.	Registi	ration documentatior	n/receipt is requi	red.					
b.	Meals Numbe	allowance includes g er of breakfast, lunch	gratuity. 1, and dinner me	als claimed r	nust be showr	n on this travel voucher.			
		te cab fares with grat				tuity not to exceed 15%. se(s)" column. (Receipts are	erequired		
d.	Origina	al detailed/itemized h	iotel bills are stil	I required for I	lodging.				
	Signature								