

Tensas Parish School Board
Out of Parish Day Travel

Name Location

Dates for which travel expenses were incurred: _____ to _____

The purpose of this travel (or expenditure): _____

Expenses –Mileage Only Destination: _____

CHOOSE METHOD OF MILEAGE COMPUTATION

Beginning odometer reading	_____
Ending odometer reading	_____
Total mileage	_____
LESS: Unauthorized miles	_____
Total Reported mileage	_____

OR

<input type="checkbox"/> (CHECK HERE if using Tensas Parish School Board Standard Mileage Chart)
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Total reported mileage _____ @\$0.58/Mile=\$ _____

Other Expenses \$ _____

Total \$ _____

I hereby certify that these expenses were incurred in the official conduct of authorized activities.
I further certify that said statement of expenses is true and correct to the best of my knowledge
and belief.

G/L No: _____

Signature

Approved

____ General Fund ____ Special Services ____ Title I ____ Title II ____ SRCL-2 (K-2)
____ SRCL-2 (Birth-5) ____ SRCL-2 (3-5) ____ SRCL-2 (9-12) ____ TIF ____ Other