

Tensas Parish School Board  
Out of Parish Overnight 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

(CHECK HERE if using Tensas Parish School Board Standard Mileage Chart)

Total reported mileage \_\_\_\_\_ @ \$0.52/Mile = \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**This portion of the travel form is for meals, lodging and parking only**

**MEALS:**

**LODGING:**

Breakfast \_\_\_\_\_ (\$9.00)

Hotel Name: \_\_\_\_\_

Lunch \_\_\_\_\_ (\$13.00)

Total Rate: \_\_\_\_\_

Dinner \_\_\_\_\_ (\$29.00)

Parking: \_\_\_\_\_

**TOTAL MEALS:** \_\_\_\_\_

**TOTAL LODGING:** \_\_\_\_\_

**TOTAL AMOUNT CLAIMED FOR ALL EXPENSES:** \_\_\_\_\_

**(This total amount includes, mileage, meals, and lodging)**

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 (Birth-5)    \_\_\_\_ SRCL-2 (K-5)    \_\_\_\_ TIF    \_\_\_\_ Other