

ST. JOHN PARISH PUBLIC SCHOOL SYSTEM

FUND

- 01 General Fund
- 02 Title I
- 03 Headstart
- 04 Food Services

**REQUEST TO ATTEND OUT-OF-PARISH ACTIVITY
THIS FORM MUST BE SUBMITTED ONE WEEK
PRIOR TO DEPARTURE**

_____ **NAME** _____ **POSITION**

Check One:

_____ Assigned to Attend (by whom): _____

_____ Self-initiated Request to Attend (Rationale): _____

Transportation Mode:

_____ Personal Vehicle _____ Car Pool _____ System Vehicle _____ Other (i.e. Airline)

Location: City _____ State _____

Description of Activity (Include purpose/sponsor and how it relates to your job) Attach copy of proposed agenda

_____ From: _____ To: _____
of Days Day and Date Day and Date

Request to stay overnight (Y/N) _____

TRAVEL/MEAL ALLOWANCE:			
Travel allowance will be at the maximum non-taxable mileage rate allowed by the Internal Revenue Service. Meal allowance will be as follows:			
	In-State	O/S Including N.O.	High Cost* & Above
Breakfast	\$12	\$12	\$16
Lunch	\$16	\$18	\$20
Dinner	\$24	\$28	\$38
Total	\$52	\$58	\$74

Meal receipts are not required for meals within allowances. Alcoholic drinks and entertainment will not be reimbursed.
Meals will only be reimbursed when the employee is away from home overnight and the overnight stay was necessary.
REQUESTS FOR REIMBURSEMENT FOR TRAVEL MEAL EXPENSES WILL BE SUBMITTED NO LATER THAN SIXTY DAYS (60 DAYS) AFTER THE EXPENSES WERE INCURRED. High Cost & Above - Atlanta, Baltimore, Boston, Cleveland, Dallas, Denver, Detroit, Houston, Los Angeles, Miami, Nashville, Oakland CA, Philadelphia, Phoenix, Pittsburgh, Portland OR, San Diego, St. Louis, Seattle, Tampa, FL, Wilmington DE, Alaska, Hawaii Chicago, San Francisco, Washington DC, and New York City

Requested by: _____
Employee Signature

ENDORSED:

Principal's Signature

Director's Signature

APPROVED:

Superintendent's Signature

NOTE: To be eligible for expense reimbursement, this approved copy must be attached to the travel reimbursement form.