## EAST BATON ROUGE PARISH SCHOOL SYSTEM

### NON-TRAVEL ADVANCE SETTLEMENT FORM

Vendor Name ________________________________________

Address ________________________________________

Please print in black or blue ink only.

<table>
<thead>
<tr>
<th>DATE</th>
<th>Plane Fare</th>
<th>Charter Bus</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**CHECK LIST**

1. Review Instructions on the back of this form.
2. Original itemized receipts must be attached.
3. Must have *appropriate* persons to sign below.

**MEALS**

**ENTRANCE FEES**

**HOTEL/LODGING**

**REGISTRATION FEES**

**Other:**

**Other:**

**TOTAL EXPENSES**

<table>
<thead>
<tr>
<th>Less Advance</th>
<th>Due EBRPSB</th>
<th>Due Employee</th>
</tr>
</thead>
<tbody>
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</table>

**NOTE:**

Complete and submit to the Accounting Dept.
within **30** days after travel.

Call **922-5420** if you have questions.

**RESPONSIBLE PARTY:**

________________________________________________________

**EIC Code***:

________________________________________________________

**SCHOOL/DEPARTMENT:**

________________________________________________________

**DATE OF TRAVEL:**

_____ / ____ / _____ THROUGH _____ / ____ / _____

**ACCOUNT NUMBER:**

__________________________

**SIGNATURE OF EMPLOYEE**

________________________________________________________

**PRINCIPAL/SUPERVISOR/ ASST. SUPERINTENDENT**

________________________________________________________

**DIRECTOR OF PROGRAM - funding travel**

________________________________________________________

**CHIEF OFFICER/SUPERINTENDENT**

________________________________________________________

* FOR OFFICIAL USE ONLY

FIN/ACCT

REvised June 2010