EAST BATON ROUGE PARISH SCHOOL BOARD
TRAVEL GUIDE

Goal: Improve system travel services, provide training and seminars, and ensure integrity with the policies and procedures for audit compliance.

CONTACTS:

Edwia J. Richardson
Supervisor of Accounting
Phone: (225) 922-5585
Email: edwiar@ebrschools.org

James P. Crochet, CPA
Chief Financial Officer

Catherine Fletcher, CPA
Chief Business Operations Officer

Approval signatures for any travel expense reimbursements indicate that the expenses have been reviewed prior to submission to the Accounting Department for processing and determined to be in compliance.

In addition to the guidelines stated in this Travel Guide, all persons reviewing any requests for reimbursement, especially the Accounting Office of the Finance Department for the East Baton Rouge Parish School System, have the right to delete or adjust any expenses claimed for which they determine are inappropriate or abusive of the purposes for which employees are representing the District through their travel privileges.

Travel should be viewed as an opportunity to bring improvement and enhancement to the East Baton Rouge Parish School System.
Policy Manual of the East Baton Rouge Parish School Board
As Adopted by the East Baton Rouge Parish School Board
File: DJD Expense Reimbursement
October 16, 2008:

The East Baton Rouge Parish School Board shall reimburse employees and School Board Members for expenses incurred while on official Board business, within budgetary limitations. Travel expenses shall be limited to those expenses necessarily incurred by employees or Board members in the performance of official responsibilities as may be authorized by the School Board. Unless otherwise provided for, reimbursement of expenses shall be based on submission of a properly completed and approved voucher and such supporting receipts as required and in accordance with approved procedures and reimbursement rates. Such expenses may be approved and incurred in line with budgetary allocations for the specific type of expense and approved procedures and rates.

All employees who use their private vehicles for official Board business shall be required to carry liability insurance. When a private vehicle is used for official School Board duties, mileage shall be reimbursed based on the rate approved by the School Board. In no case shall an employee be allowed mileage or transportation reimbursement when the employee has been gratuitously transported by another person.

Reports on travel expense shall be submitted for payment on or before the last day of the month following the month for which the expenses were incurred. Failure to submit the necessary paperwork and/or documentation in a timely manner may result in non-reimbursement of expenses.

Any employee or Board Member who submits a false or fraudulent travel claim shall be subject to disciplinary action and the Board shall be entitled to restitution in full compliance with statutory provisions.

Rates and categories for reimbursement shall be as approved by the Board and shall be annually reviewed and adopted by the Board.
ACCOUNTING FOR TRAVEL EXPENSES

IN-PARISH TRAVEL (See Appendix for Form)

In-parish travel for eligible employees must be submitted to the Payroll Office within thirty (30) days of travel and will be paid at the current Board approved mileage rate.

OUT-OF-PARISH TRAVEL (See Appendix for Form)

Out-of-parish travel expenses incurred by employees and Board members on district business, attending approved meetings, or for other district related activities shall be accounted for in writing to the Accounting Office within thirty (30) days and no later than five (5) calendar days after fiscal year end (June 30).

Travel advances for out-of-parish travel not accounted for to the Accounting Office within the above timelines shall result in collection from the employee by a payroll deduction. Failure to submit documentation for both in- and out-of-parish travel expenses timely shall result in non-reimbursement.

Pursuant to the authority of the East Baton Rouge Parish School Board, the following travel regulations have been established. The regulations, allowances, and standard mileage from the Central Office to the various schools and/or selected cities are herein set. These regulations apply to all employees of the Board as well as persons acting on behalf of the EBR School System who are authorized to travel in the performance of official district business.

I. AUTHORIZATION TO TRAVEL

A. Prior permission for out-of-parish travel shall be obtained on a "PROFESSIONAL LEAVE FORM" (See Appendix).

B. Purpose and Conference Location for travel shall be listed on the Professional Leave Form. First and Last Days of Travel must be specifically listed.

C. Prior permission for Professional Leave shall be obtained by the traveling employee from the employees listed below:

- Immediate Supervisor/Director/Principal
- Associate Superintendent
- Budget Director for funding source
- Superintendent or his/her designee

D. Professional Leave Form should contain a valid account number (16-digit GEMS account number) from which the expenses will be paid.

E. Travel expenses of travelers shall be limited to those expenses necessarily incurred by the traveler in the performance of public service authorized by law to be performed by the District and must be within the limitations prescribed herein.

F. Reimbursement of expenses for travel to be performed by authorized persons (non-EBR employees and/or part-time employees) who are called on to contribute time and services as consultants or advisors shall require prior written approval. He/She shall be bound by travel guidelines set forth by the EBRP School System.

G. Routine travel shall not cover travel between an employee’s home and workplace.
II. METHODS OF TRANSPORTATION

A. Motor Vehicle

No vehicle may be operated in violation of state or local laws. No traveler may operate a vehicle without having in his/her possession a valid U.S. driver’s license. Safety restraints shall be used by the driver and passengers of vehicles.

1. School Board Vehicles

   a. No person may be authorized to operate or travel in a school board vehicle unless that person is an employee of the EBRP School System.

   b. Unauthorized persons should not be transported in EBRP School System vehicles.

2. Personally Owned Vehicles - NO RECEIPTS REQUIRED

   a. A mileage allowance shall be authorized for travelers approved to use personally owned vehicles while conducting official school board business.

   b. Mileage shall be reimbursed at the current Board approved rate. Rate to be reviewed and adjusted on a periodic basis.

   c. When two or more persons travel in the same vehicle, only one person will be reimbursed for the use or expense of the vehicle.

   d. For “in-parish travel”, mileage should be calculated from the employee’s official assigned school/worksite to the travel destination. Mileage should not be calculated from the home to the travel destination.

   e. For “out-of-parish travel,” mileage should be calculated from the Central Office (1050 South Foster Drive) to the travel destination.

   f. There is no mileage reimbursement from home to destination. (Per IRS Publication 463, January 31, 2012)

   g. Mileage shall be computed by one of the following options:
      (1) Use the mileage chart in the Appendix of this book.
      (2) Use internet mapping/travel websites (i.e. Mapquest) to obtain mileage. The mileage calculation should be attached to the travel form.

   h. Fuel (gas) purchased is not reimbursed for personal use vehicles.
3. **Commercial Lease/Rental Vehicle – RECEIPTS REQUIRED**

a. Automobile rentals must be pre-approved on the Professional Leave Form; otherwise the expense is non-reimbursable.

b. Only one designated person will be reimbursed for the cost of the automobile rental. Cost will not be split between multiple employees.

c. Itemized receipts indicating proof of payment must be submitted for reimbursement.

d. Gasoline receipts may be submitted for reimbursement. Only gasoline charges incurred for actual travel mileage to and from travel destination are reimbursable. Gasoline charges incurred during the course of stay will not be reimbursed.

e. After arrival, employee is to use transportation (i.e. shuttle, vans, etc.) provided by conference, if available.

f. Parking fees incurred for business travel will be reimbursed. Itemized receipt is required.

B. **Common Carrier**

A common carrier (train, bus or airplane) should be used for out-of-state travel, unless the number of travelers causes travel by automobile to be more economical.

Transportation costs may be paid in advance.

1. **Prepayment – PAYMENT BY THE EMPLOYEE**

Transportation may be purchased with personal funds by the employee. Cost may be submitted for reimbursement.

2. **Prepayment – DIRECT PAYMENT TO VENDOR**

Requests for pre-payment of travel may be submitted to the Accounting Office on the “PREPAYMENT OF TRAVEL EXPENSE FORM” *(See Appendix).*

In both cases, a quote/proof of payment, copy of an approved Professional Leave Form, and a copy of the conference agenda must be attached.

C. **Airfare**

Coach rate or economy class will be used for air travel. If space is unavailable for coach rate, the EBR Parish School System will assume the difference in cost only when the claim for reimbursement is accompanied by certification from the carrier that coach accommodation was unavailable.
Airline tickets will be issued through an authorized travel agency with the outlined procedure for the issuance of airfare.

DISTRICT-WIDE PROCEDURE FOR ISSUANCE OF AIRFARE

1. A copy of an approved Professional Leave, Travel Profile and a Conference Agenda must be submitted to Accounting. A Request for Airfare cover sheet (purple) should be attached which indicates who is submitting the request. (See Appendix)

2. The Professional Leave must contain a valid 16-digit account number.

3. The Travel Profile must be completed before an airline ticket can be processed by the travel agency. The name that appears on the Driver’s License or Government-issued identification card is the official name by which the ticket will be issued.

4. An e-mail will be sent by Accounting to the travel agency indicating the amount approved for airfare and the destination city for each individual. Each traveler will be copied on the e-mail.

5. Upon receipt of the e-mail, the employee is free to contact the travel agency to make the reservation.

6. Should the travel agency not have prior approval from Accounting via e-mail, the travel agency will make a reservation, but will not issue a ticket.

7. Once the reservations are made, the travel agency will e-mail the employee to review the accuracy of the reservations. An electronic ticket will be issued and e-mailed to the address provided.

8. Once the travel agency has verified the authorized ticket price and the ticket is issued, the employee can make a change within 24 hours without additional charges. After 24 hours, there is an additional fee which is subject to approval for reimbursement.

Note:

All tickets issued by the airline are disbursed in the “individual” ticket holder’s name and the responsibility regarding the utilization of the ticket is assumed by the individual ticket holder and not EBR.
9. If airfare “exceeds” the authorized amount, the travel agency will contact Accounting. No ticket will be issued until additional cost is approved.

10. The travel agency will bill EBRPSS on a weekly basis for all tickets issued.

11. Accounting will pay the invoices directly to the travel agency.

Note: This airfare amount should not be included on the “yellow” Request for Travel Advance form or the “blue” Out of Parish Travel Settlement form as this is a pre-paid expense.

12. Cancellations

a. In the event of an airline ticket cancellation, the Accounting Department and the Travel Agency should be contacted immediately.

b. Credit for the ticket will be issued to the “individual” and must be utilized within 1 year, or prior to termination or retirement, whichever is sooner.

c. If the EBRP School System requires the traveler to cancel, the EBRP School System will be responsible for the reimbursement of all penalty costs.

d. If the employee cancels for personal reasons, or due to errors made in booking the tickets, he/she is responsible for reimbursing the EBRP School System for the cost of the ticket, plus all related cancellation/penalty costs.

Note: The sufficiency of a personal reason for School Board Members shall be determined by the School Board President; the sufficiency of a personal reason for other District employees shall be determined by the employee’s supervisor, department head, or program director.

e. Penalty costs include, but are not limited to, cancellation fees, re-tickets fees, and costs of expired travel credits that may have been issued in place of the cancelled tickets.

f. Failure to utilize airline ticket credits can result in reimbursement to the District by personal funds and/or payroll deduction.

With this option, the travel agency bills EBRPSS directly when the ticket is booked. Employees will no longer find it necessary to use individual credit cards to make airline reservation.
D. Other Expenses – RECEIPTS REQUIRED

The following “other expenses” are reimbursable. Receipts are required for all expenses listed below except baggage handling. Any claim for reimbursement which deviates from this itemization must be explained and/or documented to receive the amount claimed. Original, legible receipts, not copies, are required.

1. Taxi, shuttle, and bus fares (limited to transportation to and from airport; all others must be justified). Must be pre-printed with company logo/information.
2. Limousine service to and from airport terminals
3. Parking fees – Valet parking costs will be reimbursed only if no regular parking is available
4. Tolls
5. Baggage fees (ordinary charge per bag assessed by airline - limit 2)
6. Tips for baggage handling, only if actually paid for arrival and/or departure day ($2.00 per bag, maximum of 2 bags)
   $4/day driving; $12/day – airlines
7. Special Transportation Needs – should be pre-approved before departure (i.e. scooters, extra assistance, etc.)

Charges for excess/overweight baggage will not be reimbursed unless caused by EBRP School System business. A letter of justification should be submitted with receipt to Accounting.

E. Reimbursement for Transportation – RECEIPTS REQUIRED

In no case shall an employee be allowed reimbursement of mileage or transportation costs when he/she is gratuitously transported by another person, or when carpooling with another authorized traveler.

If transportation is not prepaid by the EBRP School System, requests for reimbursement should be submitted on a “TRAVEL EXPENSE SETTLEMENT FORM” (see Appendix).
III. LODGING

“Lodging” (for EBR purposes) may be defined as a business establishment that provides housing paid on a short-term basis. Housing provided by a friend, relative, etc. is not considered lodging.

The employee is expected to exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business. To minimize hotel expenses, it may be necessary for employees of the same gender to share rooms.

Lodging is reimbursed for actual expense at the single occupancy rate.

Itemized receipt from hotel must be attached to the travel settlement form. Receipt should reflect a zero balance with proof of payment indicated on the receipt.

Note:

If lodging is shared:

*Shared lodging should be indicated on the Professional Leave Form as well as the Travel Settlement Form. (A copy of the hotel bill must be attached to each settlement form).*

*The hotel bill cannot be split.* Only one employee should claim the hotel expense as the other employee will have no such expense. This means that only one employee must request lodging funds on the advance request and the other employee must indicate “shared lodging.”

If a full-time employee is unable to pay for lodging costs associated with travel for School Board business, the employee may be eligible for an advance. Such funds are to be requested on a “REQUEST FOR TRAVEL ADVANCE FORM” (See Appendix).

Total Cost for Lodging, Meals, Mileage, and Other Expenses must be greater than or equal to $500.00 in order to submit a “REQUEST FOR TRAVEL ADVANCE FORM” (See Appendix).

Note: If the total cost for Lodging, Meals, Mileage and Other Expenses is not greater than or equal to $500.00, the employee must pay for the lodging, etc. “out-of-pocket” and submit a “TRAVEL EXPENSE SETTLEMENT FORM” (see Appendix) to Accounting within 30 days upon return.

A. Conference/Seminar Rates

When traveling out-of-state to a conference or seminar and conference room rates are made available, lodging reservations should be made at the hotel where the conference or seminar is being held in order to obtain the “conference discounted room rates”. If an employee finds it necessary to stay at another hotel other than
the conference hotel, a letter of explanation should be submitted and approved by
the immediate supervisor.

When traveling in-state where discounted room rates are not available, the traveler
should ask for the “state rate or government rate” when making room
reservations at a bona fide hotel. If the state or government rate is not available at
the time reservations were made, the actual cost of lodging will be reimbursed.

1. Prepayment of Lodging

Lodging may be pre-paid if it is a requirement of the conference/seminar.
Otherwise, all cost of lodging should be paid on site upon attendance of the
convention/seminar.

Exception:

If prepayment of lodging is a requirement of the conference/seminar, direct
payment to the hotel vendor may be requested on a “PRE-PAYMENT OF
TRAVEL EXPENSE FORM.” (See Appendix). Form should be submitted to
Accounting with the authorized signatures and a copy of the professional leave,
conference agenda (containing request for prepayment) and a price quote (if
necessary).

2. Sales Tax Exemption

The employee should always inform the in-state hotel manager that he/she
represents a Louisiana school system and is not required to pay state sales tax.
A “Governmental Employees Hotel Lodging Sales/Use Tax Exemption
Certificate” Form (See Appendix) should be submitted at the time of check-in for
all in-state lodging reservations. Reimbursement for lodging expense should not
contain sales tax with the exception of the “occupancy tax” which is an
allowable expense.

3. Cancellation

a. When a room reservation prepaid by the School Board is cancelled by
the employee, Accounting must be immediately notified and
confirmation of the cancellation from the hotel must be sent to
Accounting as soon as it is received.

b. If the employee cancels room reservations after the hotel deadline or
fails to attend the event he/she is registered for due to personal reasons,
then the employee is responsible for payment of any room charges
billed or not refunded by the hotel to the School Board.
B. Reimbursement

1. If the cost of the hotel accommodation is invoiced directly or paid in advance by the School Board, this expense **must not** be submitted for reimbursement. It has already been expensed.

2. All lodging expenses incurred on an official trip shall be paid by the employee and should be submitted for reimbursement on the “TRAVEL EXPENSE SETTLEMENT FORM” (See Appendix). An itemized hotel bill should be attached with a zero balance as proof of payment. Expenses should be itemized per day.

3. Room service charges should not be included as a cost of lodging.

4. Housekeeping tips/charges are not reimbursable.

5. Hotel movies charged to the room are not reimbursable.

6. If lodging is shared:

   The hotel bill cannot be split. Only one employee should claim the hotel expense as the other employee will have no such expense. This means that only one employee should request lodging funds on the advance request and the other employee should indicate “shared lodging.”

   **Note:** It does not matter who actually pays for the room. **An employee may only be reimbursed for his/her individual portion of the hotel bill.** Any payment arrangements must be settled between the employees.

   **A copy of the hotel bill must be attached to each employee’s settlement form.**

7. No claim for reimbursement may be made for spouse/family expense when traveling with his/her spouse and/or family on School Board business.

8. In no case shall an employee be allowed reimbursement of lodging when he/she resides in a personal dwelling or an establishment other than the approved conference/seminar lodging.

9. The EBR Parish School System reserves the right to limit the amount reimbursed.

C. Reimbursement for Other Expenses

The following “other expenses” are reimbursable. Receipts are required for all other expenses listed below. Any other expenses submitted for reimbursement must be accompanied by a letter of justification approved by the immediate supervisor.

1. Internet charges (for school board use only).
2. Communication expenses (for school board use only).
3. Charges for storage and handling of equipment.
IV. CONFERENCE/SEMINAR REGISTRATION

"Conference/Convention" is defined as a meeting (other than routine) for a specific purpose. Non-routine meetings can be defined as a seminar, conference, convention, or training. Documentation required is a formal agenda, or program, or letter of invitation. Participation as an exhibiting vendor in an exhibit/trade show also qualifies as a conference.

A. Registration

Registration must be made in a timely manner prior to regular established registration deadlines (early-bird registration is encouraged).

B. Fees

1. Registration fees include any costs associated with the attendance of a meeting.

2. If "individual" membership dues are included, EBRPSS will not pay these fees unless it is mandatory for employment. All individual membership dues must be paid by the EBRPSS employee.

C. Prepayment

1. Conference registrations for EBRPSS employees must be pre-paid by the EBRP School System.

2. Conference registrations should be paid using the "REQUEST FOR PREPAYMENT OF EXPENSE FORM" (See Appendix). Requests for pre-payment should be accompanied by a copy of the professional leave and conference registration form (dates and location of conference should be included on the registration form/conference agenda).

3. Memos, e-mails, and purchase orders are unacceptable methods of requesting payment of a conference registration.

4. If a registration is not prepaid by the District, registration for EBRPSS employees may be paid for by a school check. In turn, the school may request reimbursement for the expenditure by submitting a requisition through the Purchasing Department. Proper documentation must be attached.
5. If an individual elects to use a personal credit card to prepay for conference registration and submits a request to be reimbursed prior to the event, the reimbursement will be processed on a “first in, first out” basis.

6. **Exceptions:**

Registration for non-EBRPSS employees (i.e. parochial school teachers) funded through the EBRP School System may be submitted for reimbursement by the individual on a “TRAVEL EXPENSE SETTLEMENT FORM” *(See Appendix)*.

**D. Distribution**

1. Registration Checks must be picked up by the employee. When the check is prepared, an e-mail will be sent from Accounting to inform the employee that the check is ready.

2. It is the responsibility of the employee to attach any registration forms/attachments with the check before mailing to identify the employee, sessions/meetings enrolled, and fees assessed for the conference registration.

**E. Cancellation**

Accounting must be notified immediately when cancellation of a pre-paid conference registration is made. Written documentation confirming the cancellation must be sent to Accounting as soon as it is received. If the employee cancels registration or fails to attend the event that he/she registered for due to personal reasons, then the traveler is responsible for payment of any part of the registration fee that is non-refundable or billed to the EBRP School System.

**F. Reimbursement**

1. Reimbursement of late registration or on-site fees is not permitted unless approved by the immediate supervisor.

2. Reimbursement of admission fees for entertainment events, such as sightseeing trips, sporting events, evening socials, etc. not required or related to work are not allowed.

3. When meals or lodging are provided as part of workshops, seminars, then these meals should not be submitted for reimbursement.

4. The EBR Parish School System reserves the right to limit the amount reimbursed.
V. MEALS – NO RECEIPTS REQUIRED

A. In Parish

Meals will not be reimbursed for in-parish travel. This includes meals at the Baton Rouge Metropolitan Airport.

B. Out of Parish - PER DIEM

No meals will be reimbursed for same day trips.

An overnight stay is required in order to qualify for meal reimbursement.

Note: A single overnight day of travel will be reimbursed at a maximum rate of 75% for each day.

"Location of actual conference event" as noted on conference agenda determines the category (normal vs high cost) of meal reimbursement. Does not include surrounding areas (except where indicated)

1. The EBRP School System permits a normal meal allowance for meals not to exceed $40 per day, including tax and tips for out-of-parish travel.

Exceptions:

The EBRP School System permits an allowance for meals not to exceed $55 per day, including tax and tips for out-of-parish travel in high cost areas.

The approved high cost area location list includes:

Anaheim, CA; Atlanta, GA; Baltimore, MD; Boston, MA (includes Cambridge); Chicago, IL; Dallas/Fort Worth, TX; Denver, CO; Detroit, MI, Houston, TX; Indianapolis, IN; Lake Buena Vista, FL; Las Vegas, NV; Los Angeles, CA; Miami, FL; Memphis, TN; Nashville, TN; New Orleans, LA; New York, NY (including 5 boroughs – Manhattan, Queens, The Bronx, Brooklyn and Staten Island); Newark, NJ; Oakland, CA; Orlando, FL (including resort properties); Philadelphia, PA; Phoenix, AZ; Salt Lake City, UT; San Antonio, TX; San Diego, CA; San Francisco, CA; St. Louis, MO; Seattle, WA; Tampa, FL; Washington, DC (including Arlington, VA).
<table>
<thead>
<tr>
<th>Per Diem Meal Chart</th>
<th>Normal/Day</th>
<th>High Cost/Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Day of Travel - 75%</td>
<td>$30.00</td>
<td>$41.25</td>
</tr>
<tr>
<td>All Other Days</td>
<td>40.00</td>
<td>55.00</td>
</tr>
<tr>
<td>Last Day of Travel - 75%</td>
<td>30.00</td>
<td>41.25</td>
</tr>
</tbody>
</table>

**Note:**

The above is all-inclusive of meals. **Do not** submit receipts for events/conferences that include meals. There will no be a reimbursement.

1. **Reimbursement**

   Note: The EBR Parish School System reserves the right to limit the amount reimbursed

   **Meals may not be reimbursed for an overnight stay when:**

   a) There is no proof of lodging (no lodging bill attached)
   b) The employee’s name is not listed on lodging bill
      (i.e. lodging is listed in someone else’s name and it is not shared lodging)
   c) The employee stayed with friends and/or relatives
      (i.e. not in a business establishment)

2. **Pre-payment**

   If a **full-time** employee is unable to pay for meal costs associated with travel for School Board business, the employee **may** be eligible for an advance. Funds may be requested on a “REQUEST FOR TRAVEL ADVANCE FORM” *(See Appendix).*

   Total Cost for Lodging, Meals, Mileage, and Other Expenses **must be greater than or equal to $500.00** in order to submit a “REQUEST FOR TRAVEL ADVANCE FORM” *(See Appendix).*

   Note: If the total cost for Lodging, Meals, Mileage and Other Expenses is **not greater than or equal to $500.00**, the employee must pay for the meals, etc. “out-of-pocket” and submit a “TRAVEL EXPENSE SETTLEMENT FORM” *(see Appendix)* to Accounting within 30 days upon return.
VI. ADVANCES AND ADVANCE SETTLEMENTS

Persons entitled to advances include Board Members and all full-time EBR Employees.

Part-time employees, substitutes and Non-EBR employees are not eligible to receive advances. However, expenses may be submitted for reimbursement on the Travel Settlement Form upon return from travel.

Total Cost for Lodging, Meals, Mileage, and Other Expenses **must be greater than or equal to $500.00** in order to submit a “REQUEST FOR TRAVEL ADVANCE FORM” *(See Appendix).*

Note: If the total cost for Lodging, Meals, Mileage and Other Expenses **is not greater than or equal to $500.00,** the employee must pay for the meals, lodging, etc. “out-of-pocket” and submit a “TRAVEL EXPENSE SETTLEMENT FORM” *(see Appendix)* to Accounting within 30 days upon return.

Funds received through the “REQUEST FOR TRAVEL ADVANCE FORM” *(See Appendix)* are due in Accounting thirty (30) days after the end of the travel. Any claim not properly completed will be returned to the employee unpaid with a request for missing information.

Note: The EBR Parish School System reserves the right to limit the amount reimbursed.

At the end of thirty (30) days, the total unsettled travel advance amount will be automatically payroll deducted from the employee/board member as per the statement on the advance/reimbursement forms. **No reminder notices will be sent.**

If an advance results in payroll deduction, the employee’s privilege to receive a travel advance will be revoked. Once this occurs, all expenses not pre-paid by the School System must be paid by the employee up front and then submitted for reimbursement when he/she returns.

Any person who submits a claim pursuant to these regulations and willfully makes and subscribes to any claim he/she does not believe to be true and correct as to every material matter, or who willfully aids or assists in, procures, counsels, or advises the preparation or presentation of a claim which is fraudulent or false, shall be guilty of official misconduct. Any person who receives an allowance or reimbursement by means of a false claim shall be subject to disciplinary action, as well as being criminally and civilly liable within the provisions of state law.
VII. FIELD TRIPS – RECEIPTS REQUIRED

A. PrePayment

Authorized expenses for field trips include admission fees, transportation fees, lodging, etc.

1. Expenses for field trips should be requested using the “REQUEST FOR PREPAYMENT OF EXPENSE FORM” (See Appendix). Requests for pre-payment should be accompanied by a copy of the approved Request for Field Trip Form, a copy of the approved Professional Leave Form for all EBRP School System employees attending the field trip, and a price quotation/Pre-K cost summary.

2. Memos, e-mails, and purchase orders are unacceptable methods of requesting pre-payment of a field trip admission fee.

3. If the field trip expenses are not prepaid by the EBRP School System, the expenses may be paid directly by the school with a school check. In turn, the school may request reimbursement for the expenditure by submitting a requisition through the Purchasing Department. Proper documentation must be attached.

4. If an employee elects to use personal funds to prepay for the field trip expenses and submits a request to be reimbursed prior to the event, the reimbursement will be processed on a “first in, first out” basis.

B. Distribution

1. Checks must be picked up from the Accounting Department. Checks will be ready five (5) days before the trip.

2. Any attachments must be provided by the school with the check to identify the group assessed for the fees.

A. Settlement

1. Submission of the Request for Prepayment Expense form for field trip admission is an acknowledgement of financial responsibility by the school.

2. Original receipts must be submitted to the Accounting Department as verification of attendance of the field trip. Field Trips should be settled using the “NON-TRAVEL ADVANCE SETTLEMENT FORM.” (See Appendix)
3. Any unused portion of the check should be refunded back to the EBRP School System.

4. Failure to submit settlement receipts will result in the school being liable for the entire cost of the field trip.

Cancellation

Accounting must be notified immediately when cancellation of a pre-paid field trip is made. Written documentation confirming the cancellation must be sent to Accounting as soon as it is received. If the school fails to attend the event that it is registered for due to personal reasons, then the school is responsible for payment of any part of the pre-paid field trip expense that is non-refundable or billed to the EBRP School System.
APPENDIX
EAST BATON ROUGE PARISH SCHOOL SYSTEM
IN-PARISH TRAVEL EXPENSE REQUEST FORM

FOR MONTH OF ___________________________20________________

Name: ___________________________ Loc: ___________________________ Employee No: ___________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Trip</th>
<th>From</th>
<th>To</th>
<th>Purpose</th>
<th>Miles</th>
<th>Other Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the above is a true accounting of my IN-PARISH TRAVEL EXPENSES. I understand that this form must be received by the payroll dept. within 30 days of the month of Travel or I will not be paid.

TOTAL MILES & OTHER
TOTAL MILEAGE @ $.50 PER MILE
GRAND TOTAL (MILEAGE &OTHER)

DEPT: ___________________________
ACCOUNT CODE: ___________________________
EIC Code: ___________________________

Employee's Signature: ___________________________ Date: ___________________________
Supervisor's Signature: ___________________________ Date: ___________________________

* FOR OFFICIAL USE ONLY
FIN/PAYROLL
REVISED April 2010

FN83-364
EAST BATON ROUGE PARISH SCHOOL BOARD
P.O. BOX 2950
Baton Rouge, Louisiana 70821
REQUEST FOR LEAVE FOR PROFESSIONAL REASONS
TRAVEL OUTSIDE THE PARISH OR LEAVE WITHOUT PAY
THIS FORM MUST BE SUBMITTED FOR APPROVAL AT LEAST 20 DAYS PRIOR TO THE DATE OF YOUR REQUESTED LEAVE

DATE ____________________________

FROM: ____________________________________________
(PERSON REQUESTING LEAVE) ____________________________________________
(SCHOOL ASSIGNED OR DEPARTMENT)
(Employee ID Number) ____________________________
(Phone Number) ____________________________
(Teaching area or Job Title) ____________________________

TO: ____________________________________________
(Appropriate Administrator)

TYPE OF LEAVE: Professional _______ Leave Without Pay _______

REQUEST TO ATTEND: ____________________________________________

PLACE: ____________________________________________
(Program/agenda of conference must be attached)

DATE OR DATES: ____________________________________________

PAID *SUBSTITUTE REQUIRED: Yes _______ No _______
*COST CENTER: ____________________________________________

PROFESSIONAL LEAVE JUSTIFICATION: ____________________________________________

Expenses requested: *Yes _______ No _______
Estimate:
Transportation ____________________________
Lodging ____________________________
Meals ____________________________
Registration Fees ____________________________

To be paid by:
*School ____________________________
*Central Office ____________________________
*Other ____________________________

Note: Receipts must be attached to Out-of Parsh Travel Expense Form.

*FUND TO BE CHARGED: ____________________________________________
(EIC Code) ____________________________
(This line must be filled in, if expenses are requested)

(Signature of Person Requesting Leave) ____________________________

Approved: ____________________________
(Principal/Supervisor/ Director)

TO BE FILLED IN BY SUPERINTENDENT OR ASSISTANT SUPERINTENDENT AS APPROPRIATE
Your request for leave as stated above is _______ approved _______ disapproved with the following exception, if any: ____________________________________________

APPROVED: ____________________________________________
(Appropriate Superintendent/Deputy or Assistant Superintendent) ____________________________
(Date)

WHITE - Original GREEN - Copy YELLOW - Payroll PINK - Director GOLDENROD - Principal
## STANDARD ONE-WAY MILEAGE

<table>
<thead>
<tr>
<th>CITY</th>
<th>MILES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandria</td>
<td>124</td>
</tr>
<tr>
<td>Atlanta</td>
<td>525</td>
</tr>
<tr>
<td>Bogalusa</td>
<td>98</td>
</tr>
<tr>
<td>Bossier City</td>
<td>248</td>
</tr>
<tr>
<td>Bunkie</td>
<td>86</td>
</tr>
<tr>
<td>Covington</td>
<td>66</td>
</tr>
<tr>
<td>Dallas</td>
<td>426</td>
</tr>
<tr>
<td>Destin FL</td>
<td>305</td>
</tr>
<tr>
<td>Hammond</td>
<td>52</td>
</tr>
<tr>
<td>Houma</td>
<td>91</td>
</tr>
<tr>
<td>Houston, TX</td>
<td>272</td>
</tr>
<tr>
<td>(Airport)Kenner</td>
<td>71</td>
</tr>
<tr>
<td>Lafayette</td>
<td>56</td>
</tr>
<tr>
<td>Lake Charles</td>
<td>132</td>
</tr>
<tr>
<td>Leesville</td>
<td>169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>MILES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marksville</td>
<td>88</td>
</tr>
<tr>
<td>Minden</td>
<td>252</td>
</tr>
<tr>
<td>Monroe</td>
<td>188</td>
</tr>
<tr>
<td>Morgan City</td>
<td>68</td>
</tr>
<tr>
<td>Nashville TN</td>
<td>588</td>
</tr>
<tr>
<td>Natchitoches</td>
<td>176</td>
</tr>
<tr>
<td>New Iberia</td>
<td>81</td>
</tr>
<tr>
<td>New Orleans</td>
<td>83</td>
</tr>
<tr>
<td>Orlando FL</td>
<td>695</td>
</tr>
<tr>
<td>Ruston</td>
<td>224</td>
</tr>
<tr>
<td>St Francisville</td>
<td>33</td>
</tr>
<tr>
<td>Shreveport</td>
<td>247</td>
</tr>
<tr>
<td>Slidell</td>
<td>89</td>
</tr>
<tr>
<td>Thibodaux</td>
<td>73</td>
</tr>
<tr>
<td>Winnfield</td>
<td>172</td>
</tr>
</tbody>
</table>

The above maximum one-way mileage is inclusive of local travel while at your destination. This list does not include all possible destinations. For those not listed, use Internet tools such as “Mapquest” to determine mileage. Mileage should be calculated from Central Office (1050 South Foster Drive) to the conference/hotel destination.

Revised September 2016
This certificate is for use by employees of the United States government and the State of Louisiana and its political subdivisions. It is used to document employee eligibility for exemption from payment of state sales taxes on hotel lodging charges that are directly reimbursable by the government employer.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Hotel Folio or Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees Title</td>
<td>Government Agency Employer</td>
</tr>
<tr>
<td>Agency's Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>ZIP</td>
</tr>
<tr>
<td>Agency's Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

This certifies that the employee named above is an employee of the above named government agency and that the lodging charges incurred are necessitated by the employee's conduct of the official business of this government agency. The employee's lodging expenses are required to be accounted for to his government agency employer and are reimbursable by the government agency to the employee in the actual amount incurred. This government agency, therefore, claims exemption from the payment of state sales taxes on the lodging charges for the occupancy of the employee's hotel room.

<table>
<thead>
<tr>
<th>Authorization</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name</td>
<td>Employee Title</td>
</tr>
<tr>
<td>Employee Signature</td>
<td>Date (mm/dd/yyyy)</td>
</tr>
<tr>
<td>X</td>
<td>Government Agency Representative Title (other than employee)</td>
</tr>
<tr>
<td>HOWARD WARREN DRAKE, JR.</td>
<td>SUPERINTENDENT</td>
</tr>
<tr>
<td>Government Agency Representative Signature</td>
<td>Date (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hotel Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotel's Name</td>
<td>Seller's Louisiana Sales Tax Registration Number (If applicable)</td>
</tr>
<tr>
<td></td>
<td>Dates of Employee's Stay (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Note: This form is valid only for documenting eligibility for exemption from the payment of state sales tax on charges for room occupancy. The state sales tax must be paid on other taxable purchases from the hotel, including meals, laundry, dry cleaning, and vehicle parking. When this form bears the signature of only the employee, the form must be accompanied by a copy of the employee's written travel orders which states the dates and destination of the authorized travel. The hotel must retain this certificate and a photocopy of the travel orders to document the exemption. This form is not valid to document exemption from the payment of local room occupancy taxes.
REQUEST FOR AIRLINE TICKET

ROUTE TO ACCOUNTING

(A copy of approved professional leave and agenda must be attached)

SUBMITTED BY: ________________________________
SCHOOL/DEPT: ________________________________

REQUEST FOR AIRLINE TICKET

ROUTE TO ACCOUNTING

(A copy of approved professional leave and agenda must be attached)

SUBMITTED BY: ________________________________
SCHOOL/DEPT: ________________________________
Travel Profile

*Form Must Be Typed*

*****INFORMATION REQUIRED TO ISSUE AIRLINE TICKET*****

Traveler Information: Employee ID Number (six digits only): ___

Traveler Name must appear as shown on Driver's License or Government Issued Identification.
First Name: ___
Middle Name/Initial: ___
Last Name: ___

Traveler Date of Birth: Choose an item. Choose an item. Choose an item.

Traveler Gender: [ ] Female [ ] Male Traveler E-Mail Address:

Daytime Contact Phone: - -

School/Department Name:
School/Department Phone Number: - - Ext.
School/Department Address:
City: State: Zip code:
Home Address:
City: State: Zip code:
Frequent Flyer Number:
Airline Seating Preference (mark one): [ ] Aisle [ ] Window
Special Accommodations/Physical Mobility:
Medical Alert:

Signature of Traveler: ___________________________ Date: ___________________________
REQUEST FOR PRE-PAYMENT OF TRAVEL EXPENSE
(Separate Request Form Required for Each Vendor)

Complete this form to request a pre-payment of travel expense. Form must be completed to process request. Procedures and instructions for requests are on the back of this form.

DATE CHECK NEEDED BY: __________________________

DATE OF EVENT __/__/____

NAME OF VENDOR __________________________________

ADDRESS ________________________________________

CITY __________________________, STATE ____________ ZIP __________

REASON FOR REQUEST (Check appropriate box) & attach appropriate documentation

☐ Transportation ☐ Registration ☐ Other

NAME(S) OF EBR employee(s) who will be traveling
(Each EBR employee's approved Professional Leave Form must be attached with a copy of the conference agenda)

(SCHOOL/DEPARTMENT OF PERSON) WORK PH# (225)

NAME ________________________________ EMPLOYEE ID# __________________________

PLEASE PRINT

NAME ________________________________ EMPLOYEE ID# __________________________

NAME ________________________________ EMPLOYEE ID# __________________________

NAME ________________________________ EMPLOYEE ID# __________________________

NAME ________________________________ EMPLOYEE ID# __________________________

NAME ________________________________ EMPLOYEE ID# __________________________

TOTAL # OF PERSONS X FEE $__________ = TOTAL $__________ REQUEST

AMOUNT

This form must be received by the Accounting Department at least 10 working days prior to date check is needed.

ACCOUNT #: ____________________________ (Required)

EIC Code*: ______________________________

The submission of this form indicates that you have familiarized yourself with the procedures regarding prepayment of travel expense provided on the back of this form. You agree to fully comply with procedures. In the event that it is determined that you failed to comply with such procedures, you understand that you may be personally liable for reimbursement of school system funds.

PRINCIPAL/SUPERVISOR DATE

ASSISTANT SUPERINTENDENT DATE

DIRECTOR OF PROGRAM-funding travel DATE

CHIEF OFFICERS/SUPERINTENDENT DATE

* FOR OFFICIAL USE ONLY

FIN/ACCT REVISED July 2012
Complete this form for advance requests. Minimum amount for issuance of advance is $500.00. Board Policy and instructions for advances are on the back of this form.

NAME  
(PERSON REQUESTING LEAVE – PRINT)  

EMPLOYEE ID#  
(REQUIRED)  

(TITLE: )  

(SCHOOL/DEPARTMENT OF APPLICANT)  

WORK PHONE # (225)  

HOME PHONE# (225)  

HOME ADDRESS  

CITY  , LA  

ZIP  

NAME OF EVENT  
(Approved Professional Leave form AND Program/Conference agenda must be attached)  

DATE OF EVENT / /  

ESTIMATED TRAVEL EXPENSES  

An advance may be issued in your name to cover these expenses. This form must be received by the Accounting Department at least 10 working days prior to travel. Board policy requires that all travel advances be settled within 30 days after the event. TO SETTLE, YOU MUST SUBMIT THE ORIGINAL RECEIPTS FOR EXPENSES ON THE TRAVEL EXPENSE SETTLEMENT FORM.

<table>
<thead>
<tr>
<th>Mileage (Miles X .50)</th>
<th>Hotel/Lodging</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Transportation (Taxi, Shuttle, Parking)</td>
<td>Meals (Max. $40.00 / $55.00 if high cost area per day)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Other Approved Expenses</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Estimated Total</td>
<td>$</td>
</tr>
</tbody>
</table>

Amount Requested $  

MUST BE PICKED UP PRIOR TO EVENT  

ACCOUNT TO BE EXPENSED #:  
(Must be a valid account to issue advance)  

EIC Code:  

Your signature indicates that you have familiarized yourself with the procedures regarding travel advances provided on the back of this form. You agree to fully comply with these procedures. In an event that it is determined that you failed to comply with such procedures, you understand that you may be personally liable for reimbursement of school system funds. Such violation may require that you pay any balance owed with a personal check or a payroll deduction will begin on your next available payroll check.

Any funds obtained through payroll deduction will be “deducted in full as funds are available.”

SIGNATURE OF APPLICANT  

DATE  PRINCIPAL/SUPERVISOR/ASST SUPERINTENDENT  

DATE  

DIRECTOR OF PROGRAM-funding travel  

DATE  CHIEF OFFICERS/SUPERINTENDENT  

DATE  

FIN/ACCT  REVISED July 2012
<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL EXPENSES**

**CHECKLIST**

- **Home Phone**
- **City**
- **Zip**
- **Employee ID**
- **Location/School**
- **Name**
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></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plane Fare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Charter Bus</td>
<td></td>
</tr>
<tr>
<td>MEALS</td>
<td>ENTRANCE FEES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOTEL/LODGING</td>
<td></td>
</tr>
<tr>
<td></td>
<td>REGISTRATION FEES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL EXPENSES

<table>
<thead>
<tr>
<th>Less Advance ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due EBRPSB</td>
</tr>
<tr>
<td>Due Employee</td>
</tr>
</tbody>
</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.

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