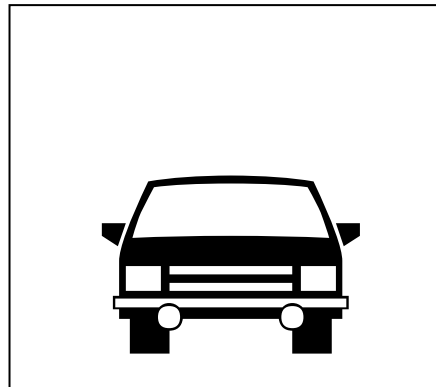
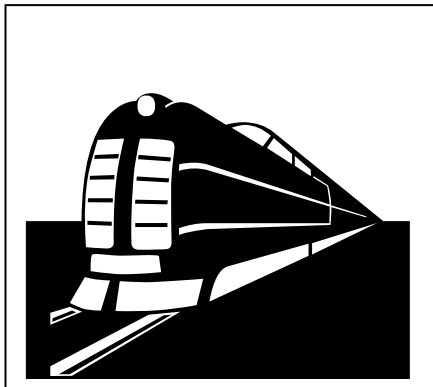
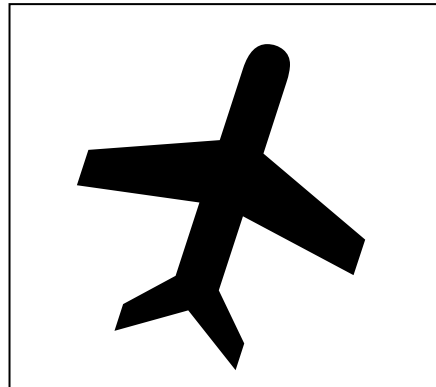
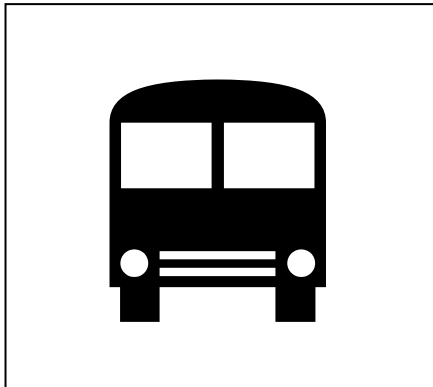


OUACHITA PARISH SCHOOL BOARD

TRAVEL POLICY



Board Approved August 2002

Richie Garrett, Business Manager

Dr. Bob Webber, Superintendent

Revisions

Effective August 2002

Revised December 17, 2002 (mileage rate)

Revised January 16, 2003 (meal allowance)

Revised August 22, 2006 (mileage rate increase

Effective July 1, 2006 (miles and meals in New Orleans)

Revised February 28, 2007 (updated policies and forms)

Revised January 2008 (updated local mileage)

*Effective May 19, 2009 (revised high-cost areas, luggage allowances,
vehicle rental policies, one-day meal reimbursement policy)*

Revised October 6, 2009 (one-day meal reimbursement policy)

Revised November 1, 2010 (mileage rate)

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OUACHITA PARISH SCHOOL BOARD TRAVEL POLICY

Pursuant to the authority of the Ouachita Parish School Board, the following travel regulations have been established. The regulations, allowances, and standard mileage from the Central Office, or from other School Board offices, to the various schools and/or selected cities are herein set. These regulations apply to **all employees of the Board** (includes principals, teachers, coaches, and all other employees employed in the individual schools) authorized to travel in line with the performance of official business.

I. Authorization to Travel

- A. Prior permission for out-of-parish travel shall be obtained from the traveling employee's immediate supervisor and department budget director over the funds from which the expenses will be paid. (See Appendix)
- B. Prior permission for Professional Leave shall be obtained from the principal/immediate supervisor by completing the OPSB Professional Leave form. The principal should mark (✓) if substitute is needed and how the substitute is to be paid. (See Appendix)
- C. Prior permission for out-of-state travel shall be obtained from the traveling employee's immediate supervisor and department budget director over the funds from which the expenses will be paid. After approval from the immediate supervisor and budget director, requests will be forwarded to the Superintendent or his/her designee for final approval. (See Appendix)
- D. Principals, supervisors, and directors shall obtain prior approval for out-of-parish and out-of-state travel from the Superintendent or his/her designee. (See Appendix)
- E. Travel expenses of travelers shall be limited to those expenses necessarily incurred by the traveler in the performance of public purpose authorized by law to be performed by the parish and must be within the limitations prescribed herein. Routine travel shall not cover travel between an employee's home and workplace.

II. Methods of Transportation

A. Cost-effective Transportation

The most direct and usually traveled route must be used. All mileage shall be determined on the basis of the Board approved mileage chart, the Louisiana Official Highway Map, actual odometer readings, or internet mapping charts.

B. 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 OPSB.
- b. All purchases made on OPSB credit cards or school credit cards must be signed for by the approved traveler making the purchase. Receipts for purchases must be turned in to the department head or school bookkeeper.
- c. Unauthorized persons should not be transported in OPSB vehicles.

2. Personally Owned Vehicles

- a. A mileage allowance shall be authorized for travelers approved to use personally owned vehicles while conducting official school board business. Mileage shall be reimbursed at the rate of \$0.42 per mile.
- b. When two or more persons travel in the same vehicle, only one charge will be allowed for the use or expense of the vehicle. The person claiming reimbursement for mileage shall report the names of other travelers on their expense reimbursement form. If attending the same meeting, employees must make every effort to schedule travel together. To receive reimbursement when an individual travels alone to a conference/meeting in which other staff members are attending, employee must submit a request form to the superintendent prior to travel. When several employees are traveling to a conference/meeting, a minimum of 4 persons should travel together. When several employees are attending a conference/meeting and one or more take their spouse in a separate vehicle, the employee is not entitled to mileage reimbursement.
- c. Mileage should be calculated from the employee's home based school/worksite to the destination. Mileage should not be calculated from home to the travel destination.
- d. Mileage shall be computed by one of the following options:
 1. It is recommended the number of miles traveled be obtained through internet mapping/travel websites (i.e., mapquest.com). The internet mileage calculation should be attached to the travel form.
 2. An alternate method is to use the mileage chart in the Appendices of this book.
 3. If the meeting/event is held at a location other than the hotel in which you are staying, mileage may be charged from the hotel to the meeting/event location and return to the hotel. Mileage should be based on odometer reading. The odometer reading should be recorded on the travel voucher claim form.
- e. Fuel (gas) purchased by the school board should never be placed in a personally owned vehicle. This includes fuel purchases made with a school board or school credit card.

C. Vehicle Rental

1. *Prior Approval*

Prior written approval for vehicle rental is required for reimbursement. Approval may be given when vehicle rental is shown to be the most economical means of travel. Documentation showing cost effectiveness of available options must be provided prior to approval, i.e. comparison of rental versus cab or other modes of public transportation. Parking fees and cost of fuel must be included in the cost determination.

2. *Vehicle Size*

Only the cost of a compact model is reimbursable, unless (1) non-availability is documented, (2) the vehicle will be used to transport more than two persons, or (3) the cost of a larger vehicle is no more than the rental rate for a compact. When a larger vehicle is an option as stated in (1) or (2) above, the upgraded vehicle shall be the next smallest size necessary to accommodate the number of persons traveling for business purposes. Documentation of the persons transported must be provided.

3. Any rentals for personal, non-business use of a vehicle will not be reimbursable.

4. Final rental agency agreement, parking receipts, and fuel receipts are required documentation for reimbursement.

D. Common Carrier (receipts required)

1. *Cost-effective Transportation*

A common carrier (train, bus, or airplane) should be used for out-of-state travel, unless the number of travelers causes travel by personal auto to be more economical and/or timesaving. Coach rate or economy class should be used for air travel. If space is unavailable for coach rate, the Board will assume the difference in cost only when the claim for reimbursement is accompanied by certification from the airline that coach accommodation was unavailable.

2. *Approval*

Quotes for a common carrier ticket may be obtained from a travel agency or the common carrier website and attached to the Request for Travel form. After the Request for Travel form has been approved, the traveler may purchase the common carrier ticket.

3. *Pre-payment*

A traveler may request pre-payment of tickets issued by common carrier. Approved requests for prepayment (See Appendix) should be submitted to accounting at the Central Office as soon as reservations are made. The request for pre-payment must also be accompanied by a copy of the approved travel authorization, travel itinerary or invoice from the common carrier, and the conference/meeting schedule or itinerary.

4. *Cancellation of Tickets*

a. The school board encourages the use of the lower fare penalty tickets and will reimburse the cost if the school board requires the traveler to cancel. If the traveler cancels for personal reasons, or due to errors made in booking tickets, he/she is responsible for the penalty costs. Penalty costs include, but are not limited to cancellation fees, re-ticketing fees, and costs of expired travel credits that may have been issued in place of the cancelled tickets.

- b. Accounting must be notified immediately when a cancellation is made and confirmation of the cancellation and any credits issued must be obtained and sent to Accounting as soon as it is received.

5. *Lost Tickets*

The fee common carriers charge for searching and refunding for lost tickets is the responsibility of the person to whom the ticket was issued. When the ticket is lost, the employee must file a "Lost Ticket Application" with the travel agency or the common carrier that issued the ticket. The difference between the prepaid amount and the amount refunded by the common carrier must be paid by the employee.

E. Reimbursement for Travel

1. Claims for reimbursement for out-of-parish travel shall show the date and time of departure, date and time of return to home or office, and the purpose of travel.
2. Claims for reimbursement by common carrier shall be indicated on the Travel Expense Reimbursement form and accompanied by a payment receipt and boarding ticket stub(s).
3. All claims for travel shall be submitted to Central Office Accounting on the approved form and shall include all details provided for on the form. It must be signed by the person claiming reimbursement and approved by his/her immediate supervisor and the department budget director over the funds from which the expenses will be paid. The dates and time of departure and return, and the beginning and ending destination points must be shown.
4. All claims for travel by principals, supervisors, and directors shall be submitted to the Superintendent or his/her designee on the approved form and shall include all details provided for on the form.
5. Claims for out-of-parish/out-of-state travel should be submitted within a week following the travel. It is the responsibility of the traveler to submit claims for reimbursement in a timely manner. Claims for routine in-parish travel should be submitted monthly. Claims cannot be accumulated for several months before being submitted. In no case shall reimbursement for travel in a previous fiscal year be paid from current year appropriations, unless funds have been specifically reserved for that purpose.
6. 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, or 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 severe disciplinary action, as well as being criminally and civilly liable within the provisions of state law.
7. In no case shall a traveler be allowed reimbursement of mileage or transportation costs when he/she is gratuitously transported by another person or when carpooling with another authorized traveler.
8. No claim for reimbursement may be made for spouse's expenses when traveling with their wife/husband on school board business.

F. Reimbursement for Other Expenses

The following “other expenses” are reimbursable. Receipts **are required** for all expenses listed below except baggage handling (#5). Any claim for reimbursement which deviates from these regulations must be explained in order to receive the amount claimed.

1. Airline luggage charges: Reimbursement will be allowed for airline charges for one checked bag for business travel of 5 days or less and a second for business travel of 6 or more days.
2. Taxi and bus fares
3. Limousine service to and from terminals
4. Parking fees
5. Tips for baggage handling, only if actually paid (\$1.00 per bag, maximum 3 bags)

III. Lodging

School Board personnel should take whatever action necessary to minimize travel expenses crucial to carrying out the school board’s mission. To minimize hotel expenses it may be necessary for hotel rooms to be shared by employees of the same gender.

The budget director and the employee’s immediate supervisor are to determine, in advance, the reasonable necessity of when an overnight stay is justified. The general rule shall be one night’s lodging for each meeting/conference day when travel is beyond 100 miles of an employee’s primary work location. Any extra days of lodging incurred without prior approval will not be reimbursable.

A. Conference/Seminar Rates

1. When traveling to a conference or seminar and conference room rates are made available, lodging reservations should be made at the hotel/motel where the conference or seminar is being held in order to obtain the conference discounted room rates. If an employee elects to stay at another hotel/motel other than the conference hotel/motel, the School Board will reimburse the employee for lodging up to the conference rate. The request for reimbursement of lodging expenses must be accompanied by an itemized room bill or invoice from a bona fide hotel/motel along with documentation indicating the amount of the conference room rate.
2. For in-state travel where discounted meeting room rates are not available (such as meetings sponsored by the Louisiana Department of Education or at another school district) the traveler should ask for the state rate or government rate when making room reservations at a bona fide hotel/motel. If state or government rates are not requested, reimbursement shall only be made up to the amount of the state or government room rate. If state or government rates are not available, documentation is required from the hotel/motel, indicating state or government rates are not available at the time reservations were made, and the allowances for lodging will be the actual cost of lodging.

B. Requesting Pre-payment

A traveler may request pre-payment of the hotel/motel bill. Approved requests for pre-payment (See Appendix) should be submitted to the Business Manager or Grant Accountant in the Accounting Department in the Central Office no later than two weeks prior to the reservation deadline and two weeks prior to the date travel begins. The request for a pre-payment must include a copy of the seminar agenda, copy of the approved travel authorization, and a statement from the hotel/motel the traveler will be staying in stating the actual cost of the room, including occupancy tax. (Note – system employees are not required to pay Louisiana state sales tax.)

C. Sales Tax Exemption

The traveler should always inform the in-state hotel/motel manager that you represent a Louisiana school system and you are not required to pay state sales tax. The traveler should always present the “Sales Tax Exemption” form for lodging (See Appendices) to the hotel/motel manager when checking in.

D. Reimbursement

1. Except where the cost of hotel/motel accommodation is invoiced directly to the school board or paid in advance by the school board, all expenses incurred on an official trip shall be paid by the traveler, and his/her travel voucher shall show all such expenses in detail.
2. No claim for reimbursement shall be made for any lodging provided or paid by a state institution or other state agency, or furnished at a state institution or other state agency, or furnished by any other party when there was no cost to the traveler.
3. 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, or 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 severe disciplinary action, as well as being criminally and civilly liable within the provisions of state law.

E. Cancellation

1. When a room reservation prepaid by the school board is cancelled by the traveler, Accounting must be immediately notified and confirmation of the cancellation from the hotel/motel must be sent to Accounting as soon as it is received.
2. If the traveler cancels room reservations after the hotel/motel cancellation deadline or fails to attend the event he/she is registered for due to personal reasons, then the traveler is responsible for payment of any room charges billed or not refunded by the hotel/motel to the school board.

F. Reimbursement for Other Expenses

The following “other expenses” are reimbursable. Receipts **are required** for all other expenses listed below. Any claim for reimbursement which deviates from these regulations must be explained in order to receive the amount claimed.

1. Communication expenses relative to official business.
2. Communication expenses to spouse (one call per trip not to exceed \$3.00).

3. Charges for storage and handling of equipment.
4. Internet for school board use only.

IV. Conference/Seminar Registration

A. Registration

Registration must be made in a timely manner prior to regular established registration deadlines (early-bird registration is encouraged). Reimbursement shall be made for regular registration fees paid by the traveler when claimed as a travel expense reimbursement accompanied with an original receipt of payment and proof of registration amount.

B. Proof of attendance

Proof of attendance is required when participating or attending a conference and should be attached to the reimbursement form. Proof of attendance is an original document received at the conference or a confirmation of attendance. This can be a certificate of attendance, name tag, brochure, handout, agenda, or other appropriate documentation.

C. Pre-payment

A traveler may request pre-payment of registration fees. Approved requests for pre-payment (See Appendix) should be submitted to Accounting at the Central Office no later than two weeks prior to the regular registration deadline. The request for pre-payment must include a completed registration form and a copy of the approved travel authorization form.

D. 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 traveler cancels registration or fails to attend the event that he/she is 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 school board.

E. Reimbursement

1. Reimbursement of late registration or on-site registration fees over and above the amount of regular registration fees is not allowed.
2. Reimbursement of registration fees for entertainment events, such as golf tournaments, sporting events, evening socials, etc., are not allowed.
3. 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, or 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 severe disciplinary action, as well as being criminally and civilly liable within the provisions of state law.

V. Meal Allowances

A. Conference/Seminar Meals

When meals are provided as part of workshops, seminars, or by others, meals will not be reimbursed to the traveler, even if the traveler opts not to eat at the workshop or seminar. Travelers are required to provide a copy of the workshop/seminar agenda when requesting reimbursement. Partial meals such as continental breakfasts or airline meals are not considered meals and the employee may opt to eat at another location and be reimbursed for the meal according to the reimbursement rates.

B. Reimbursement

1. **Meals are not to be charged on the OPSB credit card or school credit card.** Each person is to submit a travel reimbursement for meals and will be reimbursed in accordance with the Reimbursement Rate Schedule below.
2. Tips for meals are considered as part of the per day meal allowance.
3. Do not submit meal receipts when requesting reimbursement for meals.
4. Meals will not be reimbursed for in-parish travel.
5. Employees will be reimbursed for meals in which the out-of-parish travel is not longer than one day based on the following Reimbursement Rate Schedule and subject to the following IRS regulations

In accordance with IRS regulations, meals (referred to as day meals) that an employee is reimbursed for in which the employee does not spend the night away from Ouachita parish shall be reported on the employee's W-2 as fringe benefit income, unless the day meal reimbursement is considered *de minimis*. Day meal reimbursements totaling \$125 or more in a fiscal year are not considered *de minimis*. When an employee is reimbursed \$125 or more in a fiscal year for day meals, all day meals the employee is reimbursed for during the fiscal year will be reported on the employee's W-2 as fringe benefit income.

6. The Board permits an allowance for meals of \$26 per day for in-state travel, \$29 per day for out-of-state travel or to Baton Rouge, and \$37 per day for high-cost areas (as listed below.) Per Diem will be paid based on the following rates. In addition, to be reimbursed for a meal, the traveler must be in compliance with the following travel times.

Reimbursement Rate Schedule	Regular/In-state	Out-of-state (& Baton Rouge)	High-cost (listed next page)
Breakfast (traveler must leave before 7:00 am and return after 9:00 am)	\$6.00	\$6.00	\$8.00
Lunch (traveler must leave before 11:00 am and return after 2:00 pm)	\$8.00	\$9.00	\$10.00
Dinner (traveler must leave before 4:00 pm and return after 8:00 pm)	\$12.00	\$14.00	\$19.00
Per Diem Totals	\$26.00	\$29.00	\$37.00

C. High Cost Areas

Atlanta, Baltimore, Boston, Chicago, Cleveland, Dallas, Denver, Detroit, Houston, Las Vegas, Los Angeles, Miami, Nashville, New Orleans, New York City, Oakland (CA), Orlando (FL), Philadelphia, Phoenix, Pittsburgh, Portland (OR), San Diego, San Francisco, St. Louis, Seattle, Tampa (FL), Washington D.C., Wilmington (DE), and all of Alaska and Hawaii.

High cost Per Diem rates shall also apply to locations within the metropolitan statistical area (MSA) of a high cost city listed above. The boundaries of the MSA shall be in accordance with the Combined Statistical Area (CSA) designations as currently defined by the U.S. Census Bureau.

VI. Special Meals

A. Definition of Special Meals

All special meals must have prior approval from the Superintendent/Assistant Superintendent in order to be reimbursable. The guiding factor of whether a special meal should be reimbursed is the business necessity of the meal. That is, it is necessary that school board business be conducted either before or after the meal or during the meal. Special meals are reimbursed at actual cost. Special meals are defined as:

1. Meals for employees when the employee is not in travel status and would not be otherwise entitled (example: lunch meetings catered to Central Office or school).
2. Meals for non-employees (example: consultants) and employees whether or not in travel status.

B. Requests for Approval

Requests for approval of special meals must include (for each special meal):

1. Name and position of the employee requesting authority to incur expenses and assuming responsibility for such;
2. The cost of each meal (alcohol costs are not reimbursable). For catered meals, the per-plate price should be included as well as the total cost;
3. For working lunch meals the per-plate price (not to exceed \$8.00) should be included as well as the total cost;
4. Clear justification of the necessity and appropriateness of the request, including why this is in the best interest of the school board; and,
5. Names, official titles, and affiliations of all persons for whom reimbursement of meal expenses is requested, and whether or not reimbursement for such is available from another source.

Note: *See Appendices for Special Meal Request Form. Approved requests must bear the signature of the Superintendent. Documentation (all receipts, authorizations, etc.) shall be attached to the request for reimbursement.*

VII. APPENDICES

A. In-parish Travel Forms

1. Mileage Chart
2. Regular Travel Reimbursement
3. Special Education Travel

B. Out-of-parish Travel Forms

1. Mileage Chart
2. Travel Authorization Request
3. Professional Leave Request
4. Hotel/Motel Prepayment Request
5. Registration Fees Prepayment Request
6. Air Fare Prepayment Request
7. Travel Expense Report

C. Sales Tax Exemption Forms

Hotel/Motel

D. Special Meal Reimbursement Form

OUACHITA PARISH SCHOOL BOARD

In-parish Mileage Chart

ROUND-TRIP MILEAGE FROM CENTRAL OFFICE TO SCHOOLS/ SITES

SCHOOL/ SITE	MILEAGE
A.L. Smith Elementary	36
Boley Elementary	8
Calhoun Elementary	32
Calhoun Middle	30
Central Elementary	34
Claiborne Elementary	14
Crosley Elementary	4
Drew Elementary	22
George Welch Elementary	18
Good Hope Middle	14
Graphic Arts/Transportation/Textbook Depository	10
Highland Elementary	11
Jack Hayes Elementary	14
Kiroli Elementary	14
Lakeshore Elementary	15
Lenwil Elementary	13
Maintenance/Warehouse/Annex	9
OP Alternative/Expulsion Centers	6
Ouachita Parish High	18
Ouachita Junior High	12
Pinecrest Elementary/Middle	30
Regional Service Center/Special Ed	6
Richwood Middle/High	15
Riser Elementary/Middle	12
Riverbend Elementary	3
Robinson Elementary	10
Sam's/Lowe's	9
Shady Grove Elementary	11
Sterlington Middle/High	26
Swartz Upper/Lower Elementary	30
Swayze Elementary	6
West Monroe High	6
West Ouachita High	36
West Ridge Middle	15
Woodlawn Elementary/Middle	25

OUACHITA PARISH SCHOOL BOARD

In-Parish Travel Form

(must be submitted monthly)

Name of Traveler: _____ Period: From _____ to _____, 20_____

Address: _____

Date	Points Traveled Between		Miles Traveled (round trip)	Purpose of Trip	Cost
	From	To			

_____ Total Miles @ .42 = \$ _____

I hereby certify that the travel indicated above was officially necessary and the information given is correct.

Other Expenses (attach receipts) = \$ _____

Reimbursement TOTAL = \$ _____

Signature of Traveler: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Approved for Reimbursement: _____ Date: _____
Superintendent/Designee

Funding Source: _____ Fund: _____ Account No. _____

OUACHITA PARISH SCHOOL BOARD

TRAVEL EXPENSE REPORT

Student Support Services

Check to be mailed to: _____
 (please print clearly) *Name*

All checks will be mailed: _____
Address

_____ *City/State/Zip*

Report to be submitted by 3rd day of following month.

Following information MUST be completed prior to being paid:

Code: _____
 (to be filled in by accounting)

Check type class you teach:

- | | |
|---|---|
| <input type="checkbox"/> Homebound Teacher (<input type="checkbox"/> Reg. Ed. or <input type="checkbox"/> Sp. Ed.) | <input type="checkbox"/> Handicapped |
| <input type="checkbox"/> Gifted Teacher | <input type="checkbox"/> Adaptive P.E. |
| <input type="checkbox"/> Speech Therapist/Pathologist | <input type="checkbox"/> OT or PT |
| <input type="checkbox"/> Pupil Appraisal | <input type="checkbox"/> Lead Teacher |
| <input type="checkbox"/> Infant Teacher | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Gifted Talented Art Teacher | <input type="checkbox"/> Director or Supervisor |
| <input type="checkbox"/> Instructional Specialist | <input type="checkbox"/> Program Manager |

_____ Homebased School

DATE	FROM	TO	BUSINESS	MILES
TOTAL MILES				

_____ Miles @ .42¢ per Mile = \$ _____

Approved By: _____

Signature: _____

Page _____ of _____

OUACHITA PARISH SCHOOL BOARD

Out-of-parish Mileage Chart

ONE-WAY MILEAGE FROM CENTRAL OFFICE TO CITIES

CITY	MILEAGE
Alexandria	95
Atlanta, GA	499
Austin, TX	407
Bastrop	26
Baton Rouge	200
Biloxi, MS	387
Bogalusa	224
Bunkie	128
Coushatta	95
Dallas, TX	290
DeRidder	167
Destin, FL	420
Ferriday	81
Grand Isle	331
Gulfport, MS	276
Hammond	248
Hattisburg, MS	207
Homer	65
Houma	267
Houston, TX	340
Jackson, MS	122
Lafayette	200
Lake Charles	188
Leesville	146

CITY	MILEAGE
Little Rock, AR	180
Marksville	130
Memphis	250
Minden	71
Mobile, AL	311
Morgan City	255
Nashville, TN	459
Natchitoches	95
New Iberia	207
New Orleans	300
New Roads	167
Oakdale	132
Opelousas	163
Pensacola, FL	370
Ruston	31
San Antonio, TX	514
Shreveport	98
Slidell	266
St. Louis, MO	554
Tallulah	56
Texarkana, AR	168
Thibodaux	250
Winnfield	62
Winnsboro	38

Ouachita Parish School Board Travel Authorization Request

Name	Job Description/Title	Date of Request
School/Location Assigned	Contact Number/Email Address	
List all Dates of Travel Requested	Date(s) of Meeting/Conference (Attach Notice or Itinerary)	
Destination	Type of Trip (Mark all that apply) <input type="checkbox"/> Single Day <input type="checkbox"/> Overnight <input type="checkbox"/> Out-of-State* <input type="checkbox"/> Meeting <input type="checkbox"/> Presenter at Event <input type="checkbox"/> Conference/Convention/Seminar	
Purpose		
DETAILED ESTIMATION OF TRAVEL EXPENSES (Once approved, employee is responsible for making the necessary arrangements for travel. Refer to OPSB Travel Policy for regulations and expense allowances.)		
Registration	<i>(Late registration fees and registration for entertainment events is not allowed.)</i>	\$
Hotel <i>(Original room bill is required to be turned in after travel.)</i>	_____ nights @ \$ _____ per night (exclude tax)	\$
Food <i>(Receipts not required)</i>	_____ days @ \$ _____ per day	\$
Transportation <i>(Check all that apply)</i>	<input type="checkbox"/> Mileage: _____ miles @ \$.42 per mile <input type="checkbox"/> Air Fare: (Must turn in ticket receipts after travel) <input type="checkbox"/> Other: _____	\$
Other Expenses <i>(List all)</i>		\$
TOTAL		\$
Is a Substitute Teacher required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for how many days? _____ Is Professional Leave Form approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The original approved Travel Authorization Request <u>must</u> be attached to the employee's Travel Expense Reimbursement form along with a detailed conference or meeting agenda received from the conference.		
I certify the above travel requested relates to my employment with the Ouachita Parish School Board. I will comply with all guidelines and expense allowance provisions specified in the OPSB Travel Policy relating to this travel, which includes but is not limited to: making arrangements for travel, requesting any advance payments needed,, claiming reimbursement for travel expenses incurred, and cancelling any travel arrangements.		
Employee Signature: _____		Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
_____		_____
Principal/Supervisor Signature		Date
Budget/Funding Source Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Funding Source: _____	Budget Code: _____ - _____ - _____ - _____	
_____		_____
Program/Dept. Director or Supervisor Signature (Principal if paid by school funds)		Date
*Authorization Required for Out-of-State Travel:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
_____		_____
Superintendent/Designee Signature		Date

Ouachita Parish School Board Professional Leave Request

This request **must be submitted** on the triplicate form (no photocopies or faxes) for Superintendent's approval at least **one week prior** to leaving for area, state or national meetings, conferences, conventions, etc. Principal approval is required before submitting for Superintendent's approval.

Employee Name: _____ SS#: _____

School: _____

Travel Date(s): _____ Destination: _____

Conference, Convention, etc.: _____

Conference Responsibility or Office Held: _____

To be completed by the Principal:

1. Will a Substitute be needed? Yes: _____ No: _____

2. If a sub is needed – for how many days? _____

3. The sub will be paid by:

A. _____ Title I Grant

B. _____ Special Education Grant

C. _____ Other Grant Funds-Describe: _____

D. _____ OPSB General Fund

E. _____ Other Funds – Describe: _____

F. **Your School will be billed for the costs of sub, unless otherwise noted above.**

Principal Signature	Date
Funding Supervisor	Date

Account Code To Pay For Sub

Upon approval, the white copy will be retained in the central office, the yellow and pink copies will be returned to you. The yellow copy must be attached to the Leave

To be completed by the Central Office:

Approved: _____ Denied: _____

Signed: _____ Date _____
Superintendent Designee

Revised 06/13/05
 Filename: G:\RICHIE\OPSB Professional Leave Request

**OUACHITA PARISH SCHOOL BOARD
TRAVEL ADVANCE PAYMENT REQUEST
HOTEL/MOTEL LODGING**

Accounts Payable Use Only
Vendor No. _____
Payment No. _____

Requested by: _____

Date: _____

Position: _____

Location/School: _____

Instructions: For payments to be made in advance, this approved request must be submitted to Accounting no later than two weeks prior to the reservation deadline **and** no later than two weeks prior to the date authorized travel begins to allow ample processing time.

Payee Information	Payment Instructions: (Mark One)
Payee/Vendor Name: _____ Address: _____ _____ Phone: _____ Fax: _____ Check-In Date: _____ Check-Out Date: _____	<input type="checkbox"/> Check – Pick Up* <input type="checkbox"/> OPSB Credit (Authorized Users Only) <input type="checkbox"/> Other: _____ <i>*All checks must be picked up at the Accounts Payable office prior to departure.</i>

Note: The employee is responsible for making and confirming his/her own room reservations.

Payment Information	<input type="checkbox"/> Check here if this request is for Room Deposit only.
a. Number of rooms requested _____ b. Number of nights per room X _____ = _____ c. Room fee per night, including taxes* _____ X _____ = _____	Payment Amount: \$

**Taxes do not include state sales taxes for rooms in Louisiana. Only occupancy tax is allowed for rooms in-state.*

Was the room fee above obtained at the State or Conference rate? If not, please explain why another rate was used and attach supporting documentation:

Required Documentation
<input type="checkbox"/> Statement or confirmation from hotel/motel itemizing room costs. <input type="checkbox"/> Copy of approved travel authorization(s) for each person requiring lodging under this request. <i>(Turn in originals when claiming travel expense reimbursement.)</i> <input type="checkbox"/> Copy of the conference or meeting agenda, itinerary or schedule.

Refer to the OPSB Travel Policy for employee's responsibilities regarding cancellations.

The above charges are incurred for the employee(s) authorized travel to conduct official business for the Ouachita Parish School Board. Each employee shall follow the OPSB Travel Policy in regards to the above prepaid expense and will immediately notify the accounts payable office when a room cancellation is made. _____ Employee Signature	Date Approved: _____ Budget Account Code: _____ - _____ - _____ - 5582 _____ Program/Budget Director or Supervisor Signature
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**OUACHITA PARISH SCHOOL BOARD
TRAVEL ADVANCE PAYMENT REQUEST
REGISTRATION FEES**

Accounts Payable Use Only
Vendor No. _____
Payment No. _____

Requested by: _____

Date: _____

Position: _____

Location/School: _____

Instructions: For payments to be made in advance, this approved request must be submitted to Accounting no later than two weeks prior to the reservation deadline **and** no later than two weeks prior to the date authorized travel begins to allow ample processing time.

Payee Information	Payment Instructions: (Mark One)
Payee/Vendor Name: _____ Address: _____ Phone: _____ Fax: _____ Dates of Conference: From: _____ to _____	<input type="checkbox"/> Check – Pick Up* <input type="checkbox"/> Check – Mail with registration <input type="checkbox"/> Fax Purchase Order w/registration <input type="checkbox"/> Fax OPSB Credit w/registration <i>(Authorized Users Only)</i> <small>*All checks must be picked up at the Accounts Payable office prior to departure.</small>

Note: The employee is responsible for confirming his/her own registration prior to travel.

Payment Information	<input type="checkbox"/> Check here if this request is for Room Deposit only.
a. Registration Fee per Participant _____	Payment Amount:
b. Number of Participants X =	
Is membership included with the above registration fee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*If rates vary per participant, please complete a separate request for each participant.
In accordance with the OPSB Travel Policy, registration fees for entertainment events are not allowed.*

Required Documentation
<input type="checkbox"/> Completed conference/meeting registration form for registrant(s). <input type="checkbox"/> Copy of approved travel authorization(s) for each person registering under this request. <i>(Turn in originals when claiming travel expense reimbursement.)</i> <input type="checkbox"/> Copy of the conference or meeting agenda, itinerary or schedule.

Refer to the OPSB Travel Policy for employee's responsibilities regarding cancellations.

<p>The above charges are incurred for the employee(s) authorized travel to conduct official business for the Ouachita Parish School Board. Each employee shall follow the OPSB Travel Policy in regards to the above prepaid expense and will immediately notify the accounts payable office when a cancellation is made.</p> <p>_____</p> <p style="text-align: center;">Employee Signature</p>	<p>Date Approved: _____</p> <p>Budget Account Code: _____ - _____ - _____ - 5582</p> <p>_____</p> <p style="text-align: center;">Program/Budget Director or Supervisor Signature</p>
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OUACHITA PARISH SCHOOL BOARD
TRAVEL ADVANCE PAYMENT REQUEST
AIR FARE

Accounts Payable Use Only
Vendor No. _____
Payment No. _____

Requested by: _____

Date: _____

Position: _____

Location/School: _____

Instructions: Air Fare is non-refundable once paid. Please be sure you are able to commit to traveling at the time you book your tickets. This approved request must be submitted to Accounting as soon as you receive a confirmation of your flight schedule or invoice from the travel agent **and** no later than two weeks prior to the date of travel to allow ample processing time.
Any cancellations made are at the employees own expense. (See OPSB Travel Policy.)

Payee Information	Payment Instructions: (Mark One)
Payee/Vendor Name: _____	<input type="checkbox"/> Check – Pick Up* <input type="checkbox"/> Check – Mail <input type="checkbox"/> Fax Purchase Order w/registration <input type="checkbox"/> OPSB Credit (<i>Authorized Users Only</i>) <small>*All checks must be picked up at the Accounts Payable office.</small>
Address: _____	
Phone: _____ Fax: _____	
Dates of Travel: Departure: _____ Return: _____	

Note: Airline boarding passes and/or ticket stubs must be turned in after travel is completed.

Payment Information	<input type="checkbox"/> Check here if this request is for Room Deposit only.
a. Air Fare per Employee _____	Payment Amount:
b. Number of Employees X _____ = _____	
_____ \$	
<i>If air fare rates vary per participant, please complete a separate request for each participant. In accordance with the OPSB Travel Policy, only coach or economy fares are allowed.</i>	

Required Documentation

- Statement or invoice itemizing air fare charges and travel dates from travel agent/airline.
- Copy of approved travel authorization(s) for each person requesting air fare payment under this request.
(Turn in originals when claiming travel expense reimbursement.)
- Copy of the conference or meeting agenda, itinerary or schedule.

Refer to the OPSB Travel Policy for employee's responsibilities regarding cancellations.

The above charges are incurred for the employee(s) authorized travel to conduct official business for the Ouachita Parish School Board. Each employee shall follow the OPSB Travel Policy in regards to the above prepaid expense and will attach boarding passes and/or ticket stubs to his/her travel reimbursement form after travel is complete. Accounts payable must be immediately notified of any cancellations.	Date Approved: _____ Budget Account Code: _____ - _____ - _____ - 5582
_____ Employee Signature	_____ Program/Budget Director or Supervisor Signature

OPSB TRAVEL EXPENSE REIMBURSEMENT REPORT

Employee Name:					Address to Mail Check:					
Position Description/Title:										
Base Location/School:										
Purpose of Travel:					The following must be attached for reimbursement to be paid: _____ Original Approval Travel Authorization _____ Agenda for event (dates, time schedule, breaks, etc) _____ Original receipts, where required in OPSB travel policy. _____ An original document, agenda, name tag, handout, etc. received at the event as proof of attendance.					
Was this an overnight trip? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Record below all expenses incurred for the travel authorized.										
Travel Schedule	Date(s) (mm/dd/yy)	Sun / /	Mon / /	Tues / /	Wed / /	Thurs / /	Fri / /	Sat / /		
	Departure Point									
	Leave Time									
	Destination Point									
	Arrival Time									
Per Diem	Meal Reimbursement	Meals reimbursed based on time traveled begin and end. Employee must have traveled <u>out-of-parish</u> and incurred an out-of-pocket cost for meals.					Per diem rates: In-state: \$6/ \$8/ \$12 Out of state: \$6/ \$9/ \$14 High Cost: \$8/ \$10/ \$19			
	Breakfast	\$	\$	\$	\$	\$	\$	\$	Complete Meal Total ↓	
	Lunch	\$	\$	\$	\$	\$	\$	\$		
	Dinner	\$	\$	\$	\$	\$	\$	\$		
	Daily Meal Totals→	\$	\$	\$	\$	\$	\$	\$	\$	
Misc	Miscellaneous	See travel policy for allowances for miscellaneous travel expenses and required documentation.								
	List:	\$	\$	\$	\$	\$	\$	\$	Misc Total ↓	
	Daily Misc Totals→	\$	\$	\$	\$	\$	\$	\$		
Lodging	Hotel	Sales tax exemption required for all in-state lodging. No sales tax will be paid.							Total Lodging Reimb. ↓	
	Itemized hotel room bill must be attached even if OPSB paid in advance.	\$	\$	\$	\$	\$	\$	\$		
	Total lodging charges: \$									
	Enter amount of advanced payment OPSB made directly to hotel: \$ ()									
Were State or Conference rates used? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain on reverse why another rate was billed.										
Transportation	Personal Vehicle	Only mileage for the shortest and most traveled route will be paid. Indicate method used for computing mileage: <input type="checkbox"/> OPSB mileage chart <input type="checkbox"/> Internet map (attach) <input type="checkbox"/> Odometer reading (complete log below)								
	Odometer Start								Mileage Total ↓	
	Odometer End									
	Mileage								#	
	NOTE: List all employees who rode with you on back of this form.								x \$0.42 per mile =	\$
	Taxi*	\$	\$	\$	\$	\$	\$	\$	\$	
	Auto Rental*	\$	\$	\$	\$	\$	\$	\$	\$	
	Parking fees*	\$	\$	\$	\$	\$	\$	\$	\$	
Air fare*	REQUIRED: Attach ticket stubs/boarding passes.								\$	
Air Fare prepaid by OPSB? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, attach original receipt/invoice/proof of payment.)										
Registration	Reimbursement of fees paid to attend entertainment events is not allowed.								\$	
	Registration prepaid by OPSB? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, attach original receipt/proof of payment.)									
*Original receipts required regardless of who paid the expense.					TOTAL EXPENSES CLAIMED \$					

Account Code: _____ Program/Dept: _____ Approval: _____	I certify the above is a true representation of my expenses incurred on official business for Ouachita Parish School Board. Employee Signature _____ Date _____
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**Governmental Employees Hotel Lodging
Sales/Use Tax Exemption Certificate**
Louisiana Revised Statute 47:301(8)(c)

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.

PLEASE PRINT OR TYPE.

Employee Name	Hotel Folio or Reference Number		
Employee Title	Government Agency Employer		
Agency's Address	City	State	ZIP
Agency's Telephone Number			

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.

Authorization	
Employee Name	Employee Title
Employee Signature X	Date (mm/dd/yyyy)
Government Agency Representative (other than employee)	Government Agency Representative Title (other than employee)
Government Agency Representative Signature X	Date (mm/dd/yyyy)

Hotel Information	
Hotel's Name	Seller's Louisiana Sales Tax Registration Number (if applicable)
Dates of Employee's Stay (mm/dd/yyyy)	

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.

Special Meal Reimbursement Working Meal Form

Name: _____

Date(s): _____

Position: _____

Location: _____

Expenses*

Vendor Name: _____

Number
in attendance: _____

Cost
per plate: \$ _____
(catered meals)

Total
Reimbursement: \$ _____

Please indicate below justification of the necessity and appropriateness of your request, including why such is in the best interest of the parish.

Names, official titles, and affiliations of attendees for which reimbursement of meal expenses is requested:

Is reimbursement available from another source? _____

APPROVED: _____ Date: _____
Superintendent

*** Please attach all receipts, sign-in sheets, and authorizations.**