EAST BATON ROUGE PARISH SCHOOL SYSTEM
IN-PARISH TRAVEL EXPENSE REQUEST FORM

FOR MONTH OF _____ **20** _____

Name:_____ **Loc:**_____ **Employee No.**_____

Date	Trip		Purpose	Miles	Other Expense
	From	To			

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	

_____
Employee's Signature Date

_____
Supervisor's Signature Date

FN83-384

DEPT._____

ACCOUNT CODE_____

EIC Code * _____

* FOR OFFICIAL USE ONLY

FIN/PAYROLL REVISED April 2010