JEFFERSON PARISH SCHOOLS
TRAVEL VOUCHER- LOCAL TRAVEL

REV 12/15/2023

TO: ACCOUNTS PAYABLE

FUND NO. | FULL NAME- (PRINT)

FROM: _____ (SCHOOL OR DEPARTMENT)

BUDGET CODE | STREET ADDRESS

DATE SUBMITTED FOR REIMBURSEMENT | UNIT NO. | CITY, STATE, ZIP CODE

PERIOD COVERED: _____ TO _____

EIC OBJ (If Applicable) | EMPLOYEE NUMBER

JOB TITLE

LOCAL TRAVEL REIMBURSEMENT REQUESTS ARE TO BE SUBMITTED TO ACCOUNTS PAYABLE BY THE 7TH DAY OF THE FOLLOWING MONTH

DATE	NAME OF MEETING ATTENDED AND/OR LOCATION **	BEGINNING MILEAGE (No Decimals)	ENDING MILEAGE (No Decimals)	DAILY TOTAL (No Decimals)
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
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				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
			TOTAL MILES DRIVEN	0

APPROVED:

REIMBURSEMENT:

RATE @ .67 PER MILE 0.00

TOLLS/PARKING/OTHER (NEED RECEIPTS) 0.00

TOTAL REIMBURSEMENT **0.00**

_____
SIGNATURE OF PRINCIPAL OR SUPERVISOR

All monthly reimbursement requests exceeding $250.00 MUST also be approved by the Chief of the Unit No. prior to submission to A/P Dept

I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT

_____
EMPLOYEE SIGNATURE

**** LOCATION: GIVE STARTING POINT TO DESTINATION**