LAFAYETTE PARISH SCHOOL SYSTEM Acct V# 134156

TRAVEL FORM

THIS SECTION (BLUE BOXES) MUST BE TYPED - HAND WRITTEN FORMS WILL BE RETURNED

NAME	Robert Gautreaux		LPSS EMPLOYEE ID	[redacted]	
HOME MAILING ADDRESS (Street, City, State, Zip)	[redacted]		CELL PHONE	[redacted]	
EMAIL ADDRESS	rjgautreaux@lpssonline.com		DESTINATION (City, State)	Lake Charles,LA	
SCHOOL/DEPARTMENT	Construction, Facilities & Maintenance	EVENT START DATE	1-17-25	TRAVEL START DATE	1-17-25 ✓
POSITION TITLE/GRADE	Director/Grade 11	EVENT END DATE	1-18-25	TRAVEL END DATE	1-18-25
EVENT NAME	School Board Member Training				
ACCOUNT NUMBER	[redacted]		ACCOUNT TITLE	mgmt-cont, workshops	

DURATION (check one): ☒ Overnight ☐ Day Trip (if requires registration fees)

TOTAL ESTIMATED COST OF EVENT: (incl. airfare, hotel, mileage, per diem, registration, etc.) ______ TOTAL EMPLOYEE ADVANCE REQUESTED: (B) $ 0.00

PRE-APPROVAL (check one): ☐ PRINCIPAL ☐ SUPERVISOR ☐ DIRECTOR ☒ ASST. SUPT. ☐ SUPERINTENDENT

[signature] 1/8/25

SIGNATURE (First level) DATE

PRE-APPROVAL (check one): ☐ SUPERVISOR ☐ DIRECTOR ☐ ASST. SUPT. ☐ SUPERINTENDENT

SIGNATURE (If needed) DATE

EMPLOYEE CERTIFICATION FOR ADVANCE REQ. **DATE ADVANCE CHECK NEEDED:**

By signing below, I hereby agree that my failure to submit the appropriate travel reimbursement form with receipts can result in the deduction of outstanding travel advances from my paycheck.

EMPLOYEE SIGNATURE DATE SUPERVISOR SIGNATURE DATE

EXPENSES (Completed Upon Return)		REIMB. REQUEST
Airfare		$
Per Diem/Meals	Enter # of days 2	$ 102.00
Hotel/Lodging	No Hotel/ Lodging Req'd	$ 273.30 ✓
Internet		
Parking	Self-Park Valet Parking (Supervisor approved)	
Mileage (personal vehicle)	Number 162.5 of miles @ 0.67 (applicable rate)	$ ~~108.88~~ 113.75 ✓
Transportation (check one or more as needed)	Car Rental Taxi Uber/Lyft	
Registration Fee		
Other (check one or more as needed)	Tolls Flight Baggage Fees Other	
	TOTAL (A)	$ ~~484.18~~ 489.05 VME

STATEMENT OF ACCOUNT (This section MUST BE COMPLETED by all ...)

Costs Incurred by Employee (see note 1 (Amount from A above))	Amount of Per Diem Advance ... (B)	... (A − B)	Amount Due LPSS ...
~~484.18~~ 489.05	0	~~484.18~~ 489.05	

EMPLOYEE CERTIFICATION FOR REIMBURSEMENT OF EXPENSES

I hereby certify that the above expenditures represent funds spent for legitimate LPSS purposes and include no items of a personal nature.

[signature] 1-18-25

SIGNATURE DATE

PRINCIPAL/SUPERVISOR/DIRECTOR/ASST SUPT/SUPT AUTHORIZATION

[signature] 1/28/25

SIGNATURE DATE

VME 2/12/25

Ver. 2023
Effective 3/1/2023