

# Travel

## Note:

**Attendee pays all expenses, Title I cannot reimburse schools.**

## Steps for

### Out of Parish Travel

1. Complete a Professional Leave Form one month PRIOR to travel.
2. Complete an Out of Parish Travel Request Form (blue form) one month PRIOR to travel.
3. Attach the completed Proposed Travel Expense Form.
4. Send all three forms one month PRIOR to travel to the Title I Resource Center, attention Deborah M. Forshag.
5. Use the travel guide for costs of hotel, meals, tips, etc.
6. Choose method of travel by choosing the one that costs less. Ex: Driving vs. Airfare
7. Complete the Travel Reimbursement Form upon return.
8. Attach all necessary receipts:
  - Registration Cost
  - Hotel Cost
  - Agenda, etc.
9. Secure the principal's signature.
10. Send to the Title I Resource Center, attention Deborah M. Forshag.
  - Travel Form
  - Out of Parish Travel Request Form
  - Receipts

# **Out of Parish Travel Request**

**\*\*\*Out of Parish Only\*\*\***

This form is to be completed one month prior to leaving your school for a Professional Development Activity.

**Tangipahoa Parish School System  
Proposed Travel Expenses**

**SCHOOL:** \_\_\_\_\_

**\*This form must be approved prior to TRAVEL.**

NOTE: This form will help the Title I office to determine *if* the inservice meets the requirements of the Title I program. Please attach any additional Training/Conference information you feel will be useful in determining approval.

NAME OF TRAINING/CONFERENCE: \_\_\_\_\_

DATES OF TRAINING/CONFERENCE: \_\_\_\_\_

LOCATION OF TRAINING/CONFERENCE: \_\_\_\_\_

NUMBER OF PARTICIPATENTS ATTENDING: \_\_\_\_\_

BRIEF DESCRIPTION OF PROPOSED TRAINING/CONFERENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FEE:** \_\_\_\_\_

**Estimated Travel Expenses (TOTAL PER PERSON):** \$ \_\_\_\_\_

**Expense Breakdown (per person):**

a. Air Travel: \_\_\_\_\_

b. Mileage: (.53) \_\_\_\_\_

c. Food: \_\_\_\_\_

d. Hotel: \_\_\_\_\_

e. Parking: \_\_\_\_\_

g. Other: \_\_\_\_\_

\_\_\_\_\_ School Level Title I Contact Person/Date

\_\_\_\_\_ Principal Signature/Date

\_\_\_\_\_ Diocese Signature/Date

**APPROVAL/DISAPPROVAL ACTION**

\_\_\_\_\_ The proposed in-service requested is approved.

\_\_\_\_\_ The proposed in-service is **not approved**.

\_\_\_\_\_  
Deborah M. Forshag  
Director of Federal Programs

\_\_\_\_\_  
Date

\*Travel to conferences must have board approval for expenses exceeding the approved limit.  
\*Teachers should **NOT** make arrangements to attend an off campus training session/conference until written approval (from Tangipahoa Parish Federal Programs Director) is received.  
**The information will be reviewed and the school will be notified in writing regarding approval.**

# **Professional Leave Request Form (USED FOR TEACHERS NEEDING SUBSTITUTES AND ALSO USED FOR TEACHERS THAT DO NOT NEED SUBSTITUTES)**

In-Parish: A Professional Leave Form is **used when classroom teachers leave school**. This form must be submitted 1 month prior to the scheduled activity. The school secretary will use the Munis number on the Professional Leave form to report payment of the substitute.

Out-of-Parish: A Professional Leave Form and Out-of-Parish Travel Request (blue form) must be submitted **1 month** in advance of activity for all out of parish meetings/conferences. A list of expenses to be requested must be attached to the forms. Schools must remember that the attendee pays all expenses. Federal funds cannot reimburse schools for expenses paid for travelers. The school secretary will use the Munis number on the Professional Leave form to report payment of the substitute. If the teacher did not need a substitute, the Professional Leave Form will provide documentation to the school secretary this was a Professional Day for the teacher.

**Travel to conferences must have board approval for expenses exceeding the approved limit.**

## **A. Directions for Professional Leave Request Form**

### **Part I**

Complete all information.

### **Part II**

#### **Step 1 - Local School**

- a. Check one
  - 1) Leave approved by principal.
  - 2) Leave not approved by principal.
- b. Check one
  - 1) Substitute requested and indicate fund.
  - 2) Substitute not requested.
- c. Fill in comments if applicable.
- d. Check if prior approval was granted - no signatures required.
- e. Obtain principal's signature.
- f. Fill in the date.
- g. Fill in the Org., Object, Project Number

Tangipahoa Parish School System

PROFESSIONAL LEAVE REQUEST FORM

For use by Teachers, Counselors, and Assistant Principals. Must be submitted to reach the appropriate Assistant Superintendent/Chief Academic Officer at least two weeks prior to leave date(s) requested and have all information completed.

PART I: REQUIRED INFORMATION

SCHOOL \_\_\_\_\_

TEACHER \_\_\_\_\_

GRADE, SUBJECT(S), OR AREA(S) OF RESPONSIBILITY PROGRAM ASSIGNED (Check One): [ ] Regular [ ] Special Education [ ] Title I [ ] Migrant

PURPOSE OF LEAVE \_\_\_\_\_ (Attach letter(s) of request or other pertinent information)

DATE(S) OF LEAVE \_\_\_\_\_ TOTAL TIME \_\_\_\_\_

LOCATION (Place, Street Address, City) \_\_\_\_\_

PART II: REQUIRED INFORMATION

Step 1 - Local School
Check One:
[ ] Leave Approved by Principal
[ ] Leave Not Approved by Principal
Check One:
[X] Substitute Requested - To be paid from the following fund Title 1
[ ] Substitute Not Requested (If checked, state how duties at school will be executed. No classes may be dismissed).
Comments:
[ ] PRIOR APPROVAL GRANTED (No Signature Required)
Signed: \_\_\_\_\_ (Principal)
Date Submitted

Step 2 - Program Directors/Supervisors
Check One:
[ ] Migrant
[ ] Special Education
[ ] Title I
[ ] Title II
[ ] Title IV
[ ] Other \_\_\_\_\_
Check One:
[ ] Leave Approved
[ ] Leave Not Approved
Check One:
[ ] Substitute Approved - To be paid from the following fund
[ ] Substitute Not Requested
[ ] Substitute Not Approved
Comments: \_\_\_\_\_
Signed: \_\_\_\_\_ (Director/Supervisor)

Step 3 - Assistant Superintendent
Check One:
[ ] Leave Approved
[ ] Leave Not Approved (Director/Supervisor)
Check One:
[ ] Substitute Approved for Payment by General Fund
[x] Substitute Approved for Payment by Title 1
[ ] Substitute Not Requested
[ ] Substitute Not Approved
Signed: \_\_\_\_\_ Assistant Superintendent / Chief Academic Officer

PROJECT NAME: \_\_\_\_\_
ORG/OBJ/PROJECT \_\_\_\_\_
SUPERINTENDENT'S SIGNATURE IS NEEDED FOR OUT-OF-STATE TRAVEL ONLY!
Signed: \_\_\_\_\_ (Superintendent)

Note: This form is the BLUE form



# OUT OF PARISH TRAVEL REQUEST\*

(includes Louisiana State Department of Education)

- EMPLOYEE:
- MEETING:
- DATE(S) OF MEETING:
- TIME OF MEETING:
- LOCATION OF MEETING:
- DEPARTMENT/AREA OF MEETING:
- STREET ADDRESS:
- CITY/STATE:
- TELEPHONE NUMBER AT MEETING SITE:
- PURPOSE OF MEETING: Mentor Training
- EMPLOYEE'S SIGNATURE:

Check here to verify that appropriate information is attached when applicable.

**APPROVED:**

\_\_\_\_\_  
Department Head/Immediate Supervisor (when applicable)

\_\_\_\_\_  
Assistant Superintendent/Chief Academic Officer

\_\_\_\_\_  
Superintendent/Board President  
(only signs for immediate advisory staff members and unusual out-of-state trips)

NOTE: OVER THE ALLOWABLE MONETARY LIMIT REQUEST MUST BE APPROVED BY THE BOARD.

**\*\*This blue form and all appropriate documentation must be attached to the out-of-parish travel reimbursement form in order to be reimbursed for travel expenses.**

## Out of Parish Travel

1. Complete
  - a. Name
  - b. Mailing address
  - c. Title
  - d. Official Domicile (school name)
  - e. Physical Address (must complete if address is a P.O. Box)
  - f. For the Month of
  - g. Date Submitted
2. Complete mileage summary. **COMMUTING MILES (HOME TO DOMICILE TO HOME) ARE NOT TO BE INCLUDED IN REIMBURSABLE MILES.** All mileage reimbursement must be reduced by the employee's normal commuting miles. Commuting miles for weekend days and summer holidays should not be deducted for 9 month employees. A notation must be made in the commuting column. The travel forms have been modified to accommodate the required commuting mileage deduction. Employees can get the commuting mileage and travel mileage by using Expedia, or MapQuest, etc.
3. Fill in total miles and amount.
4. Transfer information from the back of the travel form to "Expense Summary" on the front of the travel form.
5. Employee signature.
6. Secure principal's signature and the date.
7. Attach the Out of Parish Blue Form and all receipts to the travel form.
8. Send the forms to the Title I Director.

**IMPORTANT: If travel is requested for out-of-parish conferences, an out of parish Travel form (blue) must be submitted with the Professional Leave Form ONE month prior to the date of travel. Travel to conferences must have board approval for expenses exceeding the approved limit. *A list of expenses to be requested for reimbursement must be attached to the forms.* Schools must remember that the attendee pays all expenses. Federal funds cannot reimburse schools for expenses paid for travelers.**

**TANGIPAHOA PARISH SCHOOL SYSTEM  
OUT OF PARISH 2017 – 2018  
TRAVEL REIMBURSEMENT FORM**

Name (last, first)		Vendor #	Employee #
Mailing Address		Org/Obj/Project	
City, State Zip		<b>Physical Address</b>	
Title or Position		For the Month of	
Official Domicile		Date Submitted	

Date	Area(s) Traveled (Show All Points) / Purpose	Gross Mileage	Commuting Miles	Net Mileage
			< >	
			< >	
			< >	
			< >	
			< >	
			< >	
			< >	
			< >	
			< >	
			< >	
			< >	
<b>Total Net Miles</b>				

<b>Expense Summary</b>	
Total Miles _____ @ .53	
Meals	
Lodging	
Other Expenses	
<b>Total Expenses</b>	
(Less Pre-Paid)	
<b>Total Reimbursement</b>	

I certify that this expense account is just and true in all respects: that the distances **shown were actually** and necessarily **traveled** on the dates specified on official business of the parish and none of the expenses have been paid by anyone other than myself; and that the full amount is justly due. **I understand that commuting miles (home to official domicile to home) are not to be included in net mileage.** I certify that I have at least the minimum automobile liability insurance as required by law and a current valid driver's license.

I further understand that payment will not be received for expenses submitted more than 30 days after the month in which expenses were incurred.

	Signatures	&	Dates
Employee			
Principal or Immediate Supervisor/Director			
Appropriate Second Level Supervisor/Director			

VERIFICATION OF TRAVEL REIMBURSEMENT	Accounting Dept.:
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## TANGIPAHOA PARISH SCHOOL SYSTEM

### Approved 2017- 2018 Travel Reimbursement Rates

<b>Mileage Reimbursement</b>	<b>\$0.53</b>
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<b>Tier I</b>	
Breakfast	\$9.00
Lunch	\$13.00
Dinner	<u>\$29.00</u>
<b>Total</b>	<b>\$51.00</b>
<b>LODGING AREA:</b>	
In State Cities (except cities listed below and Tier II)	\$91.00
Alexandria/Leesville/Natchitoches	\$97.00
Baton Rouge	\$97.00
Covington/Slidell- St Tammany	\$91.00
Lake Charles/Calcasieu	\$91.00
Lafayette	\$91.00

<b>Tier II</b>	
Breakfast	\$10.00
Lunch	\$19.00
Dinner	<u>\$30.00</u>
<b>Total</b>	<b>\$59.00</b>
<b>LODGING AREA:</b>	
New Orleans Area (May - Sept)	\$128.00
New Orleans Area (Oct - Dec )	\$156.00
New Orleans Area (Jan - April)	\$156.00
<b>Out-of-State</b> (except cities in Tier III & IV)	<b>\$91.00</b>

<b>Tier III</b>	
Breakfast	\$12.00
Lunch	\$17.00
Dinner	<u>\$32.00</u>
<b>Total</b>	<b>\$61.00</b>
<b>LODGING AREA:</b>	
Austin, TX; Atlanta, GA; Cleveland, OH; Dallas/Fort Worth, TX; Denver, CO; Ft. Lauderdale, FL; Hartford, CT; Houston, TX; Kansas City, MO; Las Vegas, NV; Los Angeles, CA; Miami, FL; Minneapolis/St. Paul, MN; Nashville, TN; Oakland, CA; Orlando, FL; Philadelphia, PA; Phoenix, AZ; Pittsburgh, PA; Portland, OR; Sacramento, CA; San Antonio, TX; San Diego, CA; Sedona, AZ; St. Louis, MO; Wilmington, DE; all of Alaska and Hawaii; Puerto Rico; Virgin Island; American Samoa; Guam, Saipan	\$134.00

<b>Tier IV</b>	
Breakfast	\$13.00
Lunch	\$19.00
Dinner	<u>\$36.00</u>
<b>Total</b>	<b>\$68.00</b>
<b>LODGING AREA:</b>	
Baltimore, MD; San Francisco, CA; Seattle, WA; Chicago, IL; Boston, MA	\$212.00
Alexandria, VA; Arlington, VA; New York City, NY; Washington, DC	\$225.00
International Cities	\$200.00