

# EAST BATON ROUGE PARISH SCHOOL SYSTEM REQUEST FOR TRAVEL ADVANCE FORM

Complete this form for advance requests. **Minimum amount for issuance of advance is \$500.00.**  
Board Policy and instructions for advances are on the back of this form.

NAME \_\_\_\_\_ EMPLOYEE ID# \_\_\_\_\_  
(PERSON REQUESTING LEAVE - PRINT) (REQUIRED)

\_\_\_\_\_  
(SCHOOL/DEPARTMENT OF APPLICANT) TITLE: \_\_\_\_\_

WORK PHONE # (225) \_\_\_\_\_ - \_\_\_\_\_ HOME PHONE# (225) \_\_\_\_\_ - \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, LA ZIP \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_ DATE OF EVENT \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Approved Professional Leave form AND Program/Conference agenda must be attached)

### ESTIMATED TRAVEL EXPENSES

An advance may be issued in your name to cover these expenses. This form must be received by the Accounting Department at least **10 working days** prior to travel. **Board policy requires that all travel advances be settled within 30 days after the event.** TO SETTLE, YOU MUST SUBMIT THE ORIGINAL RECEIPTS FOR EXPENSES ON THE TRAVEL EXPENSE SETTLEMENT FORM.

Mileage (Miles X .50)	\$	Hotel/Lodging	\$
Other Transportation (Taxi, Shuttle, Parking)	\$	Meals (Max. \$40.00 / \$55.00 if high cost area per day)	\$
		Other Approved Expenses	\$
		<b>Estimated Total</b>	\$

Amount Requested \$ \_\_\_\_\_ **MUST BE PICKED UP PRIOR TO EVENT**

ACCOUNT TO BE EXPENSED #: \_\_\_\_\_  
(Must be a valid account to issue advance)

EIC Code: \_\_\_\_\_

Your signature indicates that you have familiarized yourself with the procedures regarding travel advances provided on the back of this form. You agree to fully comply with these procedures. In an event that it is determined that you failed to comply with such procedures, you understand that you may be personally liable for reimbursement of school system funds. Such violation may require that you pay any balance owed with a personal check or a payroll deduction will begin on your next available payroll check.

**Any funds obtained through payroll deduction will be "deducted in full as funds are available."**

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE PRINCIPAL/SUPERVISOR/ASST SUPERINTENDENT DATE

\_\_\_\_\_  
DIRECTOR OF PROGRAM-funding travel DATE CHIEF OFFICERS/SUPERINTENDENT DATE