

# City of Baker School System

## Travel Packet



## Instructions

1. School Board policy requires that travel be settled within 10 **days** after the event.
  2. A **TRAVEL EXPENSE** form must be completed and signed by appropriate persons. Authorized signatures of the Principal/Supervisor, Director and/or Superintendent are required to settle advances and/or issue reimbursements.
  3. For reimbursement, provide *original* itemized receipts taped onto letter size paper.
  4. A maximum amount per day is allocated for meals based on locations. Please see travel guide to determine the allocated amounts. Meal and tips total should not exceed your allocated amounts listed in the travel packet.
  5. Tips for luggage and hotel baggage is \$5 per check in and \$5 per check out.
  6. Mileage is calculated at \$0.62 per mile. Distance from home to work location should not be included.
  7. An approved copy of the Professional Leave form must be attached to the Travel Expense form.
- KEEP COPIES OF YOUR RECEIPTS AND TRAVEL EXPENSE FORMS.**

No. \_\_\_\_\_

# REQUEST FOR OFFICIAL TRAVEL

*City of Baker School System*

**THIS FORM, INCLUDING NECESSARY APPROVALS, SHOULD BE COMPLETED 30 DAYS PRIOR TO TRAVEL**

NAME AND JOB TITLE OF TRAVELER			
DATE OF REQUEST	SCHOOL/DEPARTMENT/GRANT	DEPARTURE DATE	RETURN DATE

*I HEREBY REQUEST APPROVAL FOR TRAVEL ON OFFICIAL BUSINESS FOR CITY OF BAKER SCHOOL SYSTEM ON THE DATES INDICATED ABOVE TO THE DESTINATIONS AND FOR PURPOSE STATED BELOW:*

DESTINATION	
CITY & STATE	PURPOSE OF TRIP/EVENT NAME

**DETAIL ESTIMATION OF TRAVEL EXPENSES (Must Be Completed For All Travel)**

TRANSPORTATION			
AIR FARE (COACH CLASS)			\$ 0.00

PERSONAL VEHICLE		MILES @	0.62	PER MILE		\$ 0.00
RENTAL CAR, TAXI, SHUTTLE, ETC. (Requires pre-approval from Superintendent) Specify which below.)						
RENTAL CAR/TAXI, SHUTTLE, ETC		DAYS @		PER DAY	\$0.00	\$ 0.00

FUEL REPLACEMENT FOR RENTAL CAR OR FUEL SURCHARGE	\$
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LODGING						
HOTEL		NIGHTS @		PER NIGHT	\$0.00	\$ 0.00

MEALS						
<i>INDICATE TIER WITH "X"</i>						
TIER I		Breakfast	DAYS @		PER DAY	\$0.00
TIER II		Lunch	DAYS @		PER DAY	\$0.00
TIER III		Dinner	DAYS @		PER DAY	\$0.00
						\$ 0.00

TOLLS AND PARKING		DAYS @		PER DAY	\$0.00	\$ 0.00
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TIPS (Hotel Baggage)	\$5.00 per check in and \$5.00 per check out if applicable					\$
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TIPS (Airport Baggage)	\$5.00 per outbound and \$5.00 per inbound if applicable					\$
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Luggage Allowance	Receipt required upon return: 1st check bag for trip of 5 days or less; 2nd bag for 6 - 10 days.					\$ 0.00
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OTHER EXPENSES	REGISTRATION FEES					\$
	MEMBERSHIP FEES					\$
	OTHER (Explain)					\$ 0.00

TOTAL ESTIMATED EXPENDITURES	\$ 0.00
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FUNDING SOURCE:	BUDGET UNIT:
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TRAVEL EXPENSE REQUESTED IN ADVANCE  Yes  No      Amount       FOR EXAMPLE: REGISTRATION, AIRFARE, HOTEL

*Travel Expense Requests should be submitted at least **thirty(30) days before** Travel Dates. In the event that the trip is cancelled for any reason the traveler must refund the district any funds paid to them in advance for Registration, Airfare, Hotel, or any other travel expense paid in advance. Also all receipts must be turned to the Business Office within 10 days after event.*

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

*Traveler*  
*I agree to the terms & conditions of this travel authorization*

APPROVALS			
PRINCIPAL/SUPERVISOR	DATE	ACCOUNTING	DATE
SUPERINTENDENT		DATE	

## City of Baker School System

### In-District Mileage Expense Request Form

Employee Name			Employee Number		
Location (school, office, department, etc.)			Month/Year		
Date	Trip		Purpose	Miles	Other Expense
	From	To			
<p>I certify that the above is a true accounting of my mileage. I understand that this form must be received in the Accounting Department within 30 days of the month of travel or I will not be paid.</p>			Total miles and other		
			Total mileage @ \$0.62 per mile		
			Grand Total (mileage and other)		

\_\_\_\_\_  
(Employee Signature and Date)

\_\_\_\_\_  
(Budget and Account Code)

\_\_\_\_\_  
(Principal/Supervisor Approval and Date)

**City of Baker School Board  
Travel Reimbursement Form**

<b>Employee Name</b>				<b>Employee Number</b>			
<b>Location</b> (school, office, department, etc.)				<b>Date of Claim</b>			
<b>Expense Summary</b>							
<b>Event Title</b>		<b>Dates of Trip</b>	<b>From</b>		<b>To</b>		
<b>Automobile</b>			<b>Miles</b>	\$ 0.62	<b>per mile</b>	\$	<b>0.00</b>
<b>Rental Car</b>			<b>days</b>	@		\$	<b>0.00</b>
<b>Fuel for Rental Car</b>	<i>Must attach Mileage Log and Original Receipts</i>					\$	
<b>Lodging</b>			<b>NIGHTS @</b>		<b>PER NIGHT</b>	\$	<b>0.00</b>
<b>Meals</b>	<b>Meal Reimbursement Total</b>					\$	
<b>Tolls and Parking</b>			<b>days</b>	@		\$	<b>0.00</b>
<b>Shuttle, Taxi, other.</b>			<b>days</b>	@		\$	<b>0.00</b>
<b>Tips (for baggage handling only)</b>	\$5.00 per check in and \$5.00 per check out if applicable					\$	<b>6.00</b>
<b>Airline Ticket</b>						\$	
<b>Luggage Allowance</b>	<i>Receipt required : 1st check bag for trip of 5 days or less; 2nd bag for 6 - 10 days.</i>					\$	
<b>Other Travel Expenditures not Listed Above</b>						\$	
<b>Less: Travel Advance</b>	<i>If you received an advance for meals or any other category place amount here.</i>					\$ =	
<b>Total Reimbursement Cost</b>						\$	
<b>FUNDING SOURCE:</b>				<b>BUDGET UNIT</b>			
<p>I certify that this expense report is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business for the City of Baker School Board and none of the expenses have been paid by the School Board, and that the full amount is justly due.</p>							
<i>Payee/Title</i>				<i>Date</i>			
<b>Approvals</b>							
<i>Principal/Supervisor Approval</i>				<i>Date</i>			
<i>Superintendent/Director Approval</i>				<i>Date</i>			
<b>Instructions</b>							
<ol style="list-style-type: none"> <li>The statement(s) on page 2 must be completely filled in by the payee prior to signature.</li> <li><b>Original</b>, itemized receipts must be attached.</li> <li>Must have all <i>appropriate</i> individuals approve <b>before</b> submission to Accounting for payment.</li> <li>Daily meals <i>with tips</i> cannot exceed the daily meal allowance.</li> <li>The approved <b>REQUEST FOR OFFICIAL TRAVEL FORM</b> must be attached.</li> <li>This form must be completed and submitted to the Accounting Department within 30 days of travel.</li> </ol>							

**City of Baker School Board**  
Travel Expense Report Detail

Employee Name			Employee Number							
Date	Hour (Specify am/pm)		Territory Traveled Show all points visited	Odometer Reading		Miles Traveled	Tolls and Parking	Tips	Other Expenses	
	Depart	Arrive		Depart	Arrive				Description	Cost
Sub Totals										
Expense Totals										

- An approved copy of the Professional Leave form and Request for Official Travel Form must be attached to the Travel Expense Report form.
- KEEP COPIES OF YOUR RECEIPTS, TRAVEL ADVANCE FORMS, AND TRAVEL EXPENSE REPORT FORMS**

**Note:** If an advance is not settled by the specified time, the entire amount will be deducted from the responsible party's payroll check.



CITY OF BAKER SCHOOL BOARD
CHECK REQUEST FORM

Date \_\_\_\_\_

VENDOR/PAYEE
Name:
Vendor Num:
Address:
City/State/Zip:

INVOICE DATA
Purchase Order#:
Invoice #:
Invoice Date
Invoice Amount:

School/Department \_\_\_\_\_

Budget \_\_\_\_\_

Object \_\_\_\_\_

Table with 5 columns: ITEM NUMBER, QUANTITY OR UNIT OF MEASURE, Please give specific description of items ordered, UNIT COST, NET COST

Continue on an attached sheet if additional lines are needed.

Shipping/Other Total \$0.00

I certify that the materials or services mentioned above and described have been received or completed and accepted.

Requested and Certified as above by:

APPROVALS

Principal/Supervisor Date

Grants Administrator Date

Director of Instruction Date

Accounting Date

Superintendent Date

This form shall be used when requesting a check for reimbursement of goods or services or when requesting an advance check to accompany a requisition or purchase order for vendors who do not accept purchase orders or require payment on delivery. All requests of goods must be PRE-APPROVED BEFORE TRANSACTIONS ARE INITIATED.

## Instructions for completing Check Request (formally Direct Payment Form)

This form shall be used when requesting a check for reimbursement of goods or services or when requesting an advance check to accompany a requisition or purchase order for vendors who do not accept purchase orders or require payment on delivery. All requests of goods **must be PRE-APPROVED BEFORE TRANSACTIONS ARE INITIATED**. Failure to receive prior approval may result in requestor's personal liability. Please be sure to attach quotes, invoices and all supporting documentation.

1. Complete Vendor/Payee information as described on the Check Request Form
2. Complete Invoice Data information as described on the form.
3. List Department and Budget Information
4. Complete body section of form with Item Number, Quantity, Item Name and Description, Unit Cost and Total Cost.  
( If Electronic Form is used totals will calculate automatically.)
5. Enter shipping Costs
6. Enter Grand Total  
(If additional lines are needed continue on another sheet and total on the last sheet used.)
7. Requestor must sign and certify delivery of goods or services.
8. Obtain all necessary approvals.

### IMPORTANT NOTES:

**Requisitions must be approved for all goods or services where payments are requested. See Above.**

### Bid/Quote Requirements

Small Purchases	<b>&lt; = \$5,000</b>	No competitive bidding or quotes required
Small Purchases	<b>&gt; \$5,000 and up to \$29,999</b>	<b>quotes from 3 bona fide bidders; may be by fax, mail or email</b>
Large Purchases	<b>&gt; \$30,000</b>	<b>Requires Competitive Sealed bids</b>

**Small Purchases does not include Public Works.**

### Check List for Check Request Form

#### Attachments:

\_\_\_\_\_ Requisition or Purchase Order  
\_\_\_\_\_ Invoice  
\_\_\_\_\_ Quotes  
\_\_\_\_\_ Packing Slip or Delivery Confirmations  
\_\_\_\_\_ Signatures of Approval




**Governmental Employees Hotel Lodging  
Sales/Use Tax Exemption Certificate**
*Louisiana Revised Statute 47:301(8)(c)*

This certificate is for use by employees of the United States government and the State of Louisiana and its political subdivisions. It is used to document employee eligibility for exemption from payment of state sales taxes on hotel lodging charges that are directly reimbursable by the government employer.

PLEASE PRINT OR TYPE.

Employee Name	Hotel Folio or Reference Number		
Employee Title	Government Agency Employer		
Agency's Address	City	State	ZIP
Agency's Telephone Number			

This certifies that the employee named above is an employee of the above named government agency and that the lodging charges incurred are necessitated by the employee's conduct of the official business of this government agency. The employee's lodging expenses are required to be accounted for to his government agency employer and are reimbursable by the government agency to the employee in the actual amount incurred. This government agency, therefore, claims exemption from the payment of state sales taxes on the lodging charges for the occupancy of the employee's hotel room.

**Authorization**

Employee Name	Employee Title
Employee Signature X	Date (mm/dd/yyyy)
Government Agency Representative (other than employee) <b>Sidney W. Stewart</b>	Government Agency Representative Title (other than employee) <b>Business Manager</b>
Government Agency Representative Signature X <i>Sidney W. Stewart</i>	Date (mm/dd/yyyy) 5/24/16

**Hotel Information**

Hotel's Name	Seller's Louisiana Sales Tax Registration Number (if applicable)
Dates of Employee's Stay (mm/dd/yyyy)	

**Note:** This form is valid only for documenting eligibility for exemption from the payment of state sales tax on charges for room occupancy. The state sales tax must be paid on other taxable purchases from the hotel, including meals, laundry, dry cleaning, and vehicle parking. When this form bears the signature of only the employee, the form must be accompanied by a copy of the employee's written travel orders which states the dates and destination of the authorized travel. The hotel must retain this certificate and a photocopy of the travel orders to document the exemption. This form is not valid to document exemption from the payment of local room occupancy taxes.