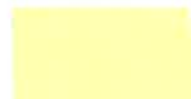


TRANSPORTATION REIMBURSEMENT FORM

LAFAYETTE PARISH SCHOOL SYSTEM

PROGRAM



Driver or Attendant
(Circle One)

SCHOOL(S)

Bus #

OFFICE USE ONLY

Employee ID#

Last 4 of SS#

Rate:

REQUIRED

REQUIRED

Employee Address

705

Employee Phone #

Month Of:

DATE OF EVENT	FROM LOCATION (SCHOOL / PLACE)	TO LOCATION (SCHOOL / PLACE)	BEGIN HOUR	END HOUR	TOTAL HOURS	BEGIN MILEAGE (LAST 4 DIGITS)	END MILEAGE (LAST 4 DIGITS)	TOTAL MILEAGE	TRIP COST	OFFICE USE ONLY			
										A/P	P/R	BFT	TOTAL
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
										TOTALS			
										A/P	___-001-0130-000-0000-0000-732509-00000-9		
										P/R-VOL	___-001-0130-000-0000-0000-713036-00000-9		
										P/R-REB	___-001-0130-000-0000-0000-713111-00000-9		

SIGNATURE OF SCHOOL PERSONNEL

TITLE OF SCHOOL PERSONNEL

A/P

SCHOOL ACCOUNT # OR PROGRAM TO INVOICE

ACTIVITY

PAYROLL

SIGNATURE OF DRIVER / ATTENDANT

DATE SUBMITTED

INITIALS OF STAFF

BENEFITS

SIGNATURE OF TRANSPORTATION

TOTAL

OFFICE USE ONLY

PTF

A/P

P/R

RC

QB