

PLEASE DO NOT WRITE IN THIS SPACE

**CADDO PARISH SCHOOL BOARD
MONTHLY REPORT OF OFFICIAL TRAVEL**

INVOICE#: _____

PREPARED: _____ **APPROVED:** _____

COMPANY: _____

ACCOUNT: _____

CENTER: _____

SCHOOL: _____

TRAVELER'S NAME: _____

SOCIAL SECURITY NUMBER: _____

STREET ADDRESS _____ CITY/STAT ZIP CODE _____

EMPLOYEE CLASSIFICATION (Dist. Ed., Itinerant, etc.) _____

- Check here if address is new. _____ Change Vendor File (VSU)
- Check here if position is new. _____ Change Account (VDD)
- Check here if location is new. _____ Change Center (VDD)

Principal or Supervisor's Signature

Employee's Signature

NOTE: This completed form must be received in the Account Payable Department by the 5th of the month following the month of travel in order to receive payment.

DATE	FROM	TO	PURPOSE	MILES
TOTAL				0

DATE	FROM	TO	PURPOSE	MILES
Total page 2				0
Total page 1				0
TOTAL				0