



LOUISIANA CLERKS OF COURT

11745 Bricksome Avenue, Suite B-1
Baton Rouge, Louisiana 70816

EXPENSE FORM

CHECK THE BOX IN WHICH THE ENTITY APPLIES:

ASSOCIATION

INSURANCE

RETIREMENT

Name: _____

Address: _____

Date of Expense _____ to _____

The following expenses were incurred by me in the pursuit of official business for the Clerks of Court and have not or will not be reimbursed from other public funds:

*Mileage from _____ to _____, and return,
a total of _____ miles @ \$0.555 per mile.....
\$ _____

Hotel Bill..... _____

Train, Bus or Plane Fares..... _____

Meals..... _____

Telephone Expense..... _____

Parking and Meter Charges..... _____

Convention Registration Fees..... _____

Taxi Fares..... _____

Automobile Storage Expense..... _____

Tips..... _____

Other: _____

Per Diem..... _____

TOTAL EXPENSES \$ _____

Signature

Date

*As per act 914 of 1988 Regular Session of La. Legislature, "...mileage expenses for attendance at board meetings shall not be paid when travel to such meetings takes place in a governmental owned vehicle, nor shall more than one member be reimbursed for mileage when more than one member travels to a board meeting in the same vehicle."

Association office use only

Date Paid: _____ Check #: _____ Check Amount \$ _____