



Certification of Employee Routine Field Travel

Name of Employee

Date

Job Title

Fiscal Year (*annual certification required*)

Division/Department

Work Domicile (*regular campus/site*)

In accordance with [Louisiana Office of State Travel Regulations](#), I understand that field travel under a 30 mile radius of an employee's regular work domicile is not reimbursable unless the employee is certified for regular, routine field travel.

I hereby certify that routine field travel is a *regular and necessary* part of the performance of the above employee's duties, for the noted fiscal year, as described below:

Check one:

☐ **Practicum/ Clinical Instruction/ Cooperative Education** – Employee has regular duties as part of a practicum, clinical instruction, or cooperative education course.

☐ **Technical Service Duties** – Employee has regular duties to provide technical services to various college campuses/sites.

☐ **Other Duties** (Describe below):

This employee is approved for reimbursement of routine field travel mileage and parking expenses, for the noted fiscal year, submitted in accordance with the College's policies and procedures for reimbursement.

Signature of Immediate Supervisor

Title

Division/Dept

Authorized for Routine Field Travel Reimbursement:

Executive Director, Accounting Services/ Associate Controller

Date

Form 1380/003 (10/26)