



Louisiana Secretary of State

ELECTION TIME AND EXPENSE REPORT

FOR USE BY CLERK OF COURT, REGISTRAR OF VOTERS, AND PARISH BOARD OF ELECTIONS SUPERVISORS

Flat Pay Rate Form

Section 1: General Information

Date*

Name*

Title*

Parish*

Address*

(Street)

(City)

(State)

(ZIP Code)

SSN*

Member of the COC Retirement System*

Start Date*

Employer Type*

Payee Type*

Section 2: Flat Rate Ledger

Rate per Day/Event	# of Days/Locations	Date(s)	Total	Duties Performed
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Section 3: Travel Ledger

Date	Hour		Odometer Reading		Miles Traveled	Territory Traveled (List Places Visited)
	DEP.	ARR.	DEP.	ARR.		

Section 4: Accounting Use

Total Miles Traveled	Mileage Rate	Total Flat Rate Pay Amount:
		Total:
		Grand Total:

Section 5: Certification

By my Signature below, I certify that the information on this form is accurate and true.

X

Payee Signature*

Printed Name*

X

Approving Authority*

Printed Name*