NON-STATE EMPLOYEE
EXPENSE REIMBURSEMENT FORM

Expenses incurred for (purpose or event) _____ on
_____ (dates).

LODGING: (attach receipt) .... $_____

TRAVEL: Air Fare (attach receipt)... $_____
Mileage (_____ miles @ .535 per mile) = ... $_____
Taxi / Limo (attach receipt) .... $_____

MEALS: Reimbursement amount is for actual expense,
Subject to dollar limitation as indicated below:

Breakfast ($11.25 x _____ days) = ... $_____
Lunch ($15.75 x _____ days) = ... $_____
Dinner ($24.75 x _____ days) = ... $_____
Full Day (**Maximum per day**):
In-State ($45.00 x _____ days) =…………….. $_____
Out-of-State ($51.00 x ____days) = ………….... $_____

OTHER: Amount……………………………………………. $_____

HONORARIUM: Amount .... $_____

TOTAL EXPENSES: .... $_____

Name: _____

Address: _____

City/State/ZIP: _____

Social Security #: _____

Signature: _____

Questions? Call 208-334-2248

Email Form with attached receipts to Financial Office at

FinanceOffice@idcourts.net