

NON-STATE EXPENSE REIMBURSEMENT FORM

Event Name: _____

Event Dates: _____

Location: _____

Event Planner: _____ **Cost Center** _____

LODGING: (attach receipt) \$ _____

TRAVEL: Air Fare (attach receipt) \$ _____

Mileage (_____ miles @ _____ cents per mile) =..... \$ _____

Transportation (attach receipt) \$ _____

MEALS: Subject to dollar limitation as indicated below:

Breakfast X days = \$ _____

Lunch X days = \$ _____

Dinner X days = \$ _____

Full Day (Maximum per day) \$ _____

In-State \$58.00 x _____ days = \$ _____

Out-of-State Per Diem \$ _____ x _____ days =..... \$ _____

OTHER: Amount \$ _____

HONORARIUM: Amount \$ _____

TOTAL EXPENSES: \$ _____

Name: _____

Address: _____

Email: _____

Social Security #: _____

Traveler Signature: _____

Questions? Call Finance Office (208)334-2248

Email form with attached receipts to: Financeoffice@idcourts.net