

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) = \$ _____
(or) Full Day (\$45.00 x _____ days) = \$ _____
Note: **Maximum allowable per day: \$45.00**

OTHER: Amount \$ _____

HONORARIUM: Amount \$ _____

TOTAL EXPENSES: \$ _____

Name: _____

Address: _____

City/State/ZIP: _____

Social Security #: _____

Signature: _____

Questions? Call 208-334-2248 Mail Form with attached receipts to:

Financial Office
Idaho Supreme Court
PO Box 83720
Boise, ID 83720-0101