



CLEAR FORM

NON-STATE EMPLOYEE EXPENSE REIMBURSEMENT FORM

Event Name: _____

Event Dates: _____

Location: _____

Event Planner: _____ PCA: _____

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 Per Diem (\$ _____ x _____ days) = \$ _____

OTHER: Amount \$ _____

HONORARIUM: Amount \$ _____

TOTAL EXPENSES: \$ _____

Name: _____

Address: _____

Email: _____

Social Security #: _____

Signature: _____

Questions? Call Finance Office (208)334-2248
Email form with attached receipts to: Financeoffice@idcourts.net