Expense Reimbursement Form

PLEASE COMPLETE IN DETAIL

Name: _____

Address: _____

_____

Date: _____

Date	From/To & Purpose	Mileage @ .54	Time Depart	Time Arrive	Lodging	Meals	Days Worked
		0.00		X .54=	0.00	0	0	0.00
		Subtotal			Subtotal	Subtotal	Subtotal	Total

OFFICE USE ONLY

PROGRAM	CLASS CODE	AMOUNT
COMMISSIONERS DAYS WORKED		
DATE	CLASS CODE	AMOUNNT

NOTE: All original receipts including: lodging, airline tickets, parking fees, supplies, vehicle rental, etc., MUST ACCOMPANY THE REIMBURSEMENT FORM.

MEALS: Actual expense, not to exceed $35 in-state and $45 out-of-state, unless otherwise specified by the commission.

$ -

Grand Total

Total Days Worked

MISCELLANEOUS EXPENDITURES

DATE	ITEM	Amount
	AIR FARE	
	TAXI, BUS, ETC	
	PARKING	

All expenses were incurred by me on behalf of the Idaho Barley Commission and are appropriate and reasonable. ***Signature:*** _____