

TOTAL REQUEST \$1,342.90

| Destinatio | n: | DESTINATION H | ERE | | | Purp | ose: | PURPOSE HERE | |
|------------|-------------|------------------|------------------|--------------|----------|-------------------|---------|----------------------------------|-----------|
| Tra | avel reimbl | ursement follows | <u>Idaho Tra</u> | avel Policy. | An agend | da for trade show | s, conf | erences, fam trips, etc. must be | attached. |
| Person 1 | | | | | | Person 2 | | | |
| Name: | JANE DO | E | | | | Name: | | | |
| Address: | 321 SAMI | PLE DRIVE | | | | Address: | | | |
| City: | SANDPO | INT | | Zip: | 83864 | City: | | | Zip: |
| Departure | Date: | MM/DD/YYYY | Time: | 00:00 AM/ | 'PM | Departure Date | : | Time: | |
| Return Dat | e: | MM/DD/YYY | Time: | 00:00 AM/ | PM | Return Date: | | Time: | |

| I. Transportation | | Person 1 | Person 2 | Total |
|---|--------------------------|----------------|--------------------|----------|
| Air (attach receipt and itinerary) ATTACH RECE | \$425.00 | | \$425.00 | |
| Rental Car (attach rental invoice) ATTACH INVOIC | | | \$0.00 | |
| Gas for rental car (attach receipts) ATTACH RECE | | | \$0.00 | |
| Taxi/Bus (attach receipts, tips cannot be included) A | \$32.00 | | \$32.00 | |
| Parking (attach receipts) ATTACH RECEIPTS HE | \$42.00 | | \$42.00 | |
| Private car: \$0.70/mile (attach mileage from Mapquest, G | | | | |
| From: STARTING LOCATION | To: DESTINATION LOCATION | ON Miles: 78.4 | | \$102.70 |
| From: SARTING LOCATION | To: DESTINATION LOCATION | ON | Miles: 78.4 | |
| | | Transi | ortation Subtotal: | \$601.70 |

II. Per Diem (includes all tips)

- * The Per diem allowance is a fixed amount for a full day of official travel status, not a reimbursement for actual costs incurred. **No receipt or other** evidence of expenditure is required. The Per diem allowance covers the cost of food, beverages, and related gratuities and no portion of these costs shall be reimbursed as separate items.
- * When meals are provided as part of a meeting or conference and are identified on an official agenda, the Per diem allowance for the day shall be calculated for only the meals NOT provided.
- *The Per diem rate for in-state travel is \$58/day. Out-of-state Per diem is \$68/day, unless the published Federal Rate for the location is higher, in which case that rate may be used.

To be reimbursed for breakfast, travel must begin by 7:00 a.m.; to be reimbursed for lunch, by 11:00 a.m.; and before 5:00 p.m. for dinner.

Traveler must return after 8:00 a.m. to claim breakfast, after 2:00 p.m. to claim lunch and after 7:00 p.m. to claim dinner.

| | In-State | Out-of-State | Federal Rate |
|-----------------|----------|--------------|--------------|
| Full Day | \$58/day | \$68/day | /day |
| Breakfast (25%) | \$14.50 | \$17.00 | \$0.00 |
| Lunch (35%) | \$20.30 | \$23.80 | \$0.00 |
| Dinner (55%) | \$31.90 | \$37.40 | \$0.00 |

| d | Date | Person 1 | Person 2 | Total |
|---|-------|----------|----------|---------|
| | MM/DD | \$52.20 | | \$52.20 |
| | MM/DD | \$58.00 | | \$58.00 |
| | MM/DD | \$58.00 | | \$58.00 |
| | MM/DD | \$58.00 | | \$58.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |

Per Diem Subtotal: \$226.20



| III. Hotel | Person 1 | Person 2 | Total |
|---|----------|----------|----------|
| List total amount to be reimbursed and provide complete copy of hotel invoice. (Room Charges and taxes only). ATTACH INVOICE HERE | \$465.00 | | \$465.00 |

| V. Miscellaneous | | Items Purchased | Person 1 | Person 2 | Total |
|--|--------------|---------------------|-------------|---------------|---------|
| Other allowable expenses under scope of work and related to the purpose of travel. Receipts are required. | Luggage fees | ATTACH INVOICE HERE | \$50.00 | | \$50.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | Miscellaneo | ous Subtotal: | \$50.00 |

TOTAL REQUEST FOR REIMBURSEMENT

| Person 1 | | | Person 2 | |
|--|--|--|--|--|
| Comments: | | | Comments: | |
| | | | | |
| | | | | |
| official business purposes related to the Idaho STEM Action Center. These expenses are accurate and complete. All required supporting documentation is | | | my for official business purposes related to the Idaho STEM Action | |
| Date: | | | Date: | |
| Signature: | | | Signature: | |
| | | | | |

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