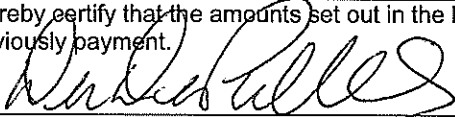


# Idaho JJ Council Request for Reimbursement

Agency: Dept. of Juv. Corrections	Agency Code:285	
Name: <b>DeeDee Phillips</b>	Payee: (if other than traveler)	Official Home Station:
Private Vehicle License # <b>V54243</b>	County Vehicle License #	Payee Soc. Sec. # or FEI # xxx-xx-4647

Purpose of Travel: **Juvenile Justice Council**

I hereby certify that the amounts set out in the Request for Reimbursement are correct and just, and that I have not received previously payment.



8/11/20

Signature

Date

Date	Starting location	Ending location	Leave time	Arrive time	Meals	Lodging	Miles	Mode of travel	
8/6	McCall	Boise	3:00	5:00	0	0	105	Car	
8/7	Boise	McCall	4:00	6:00	0	0	105	Car	
<b>Total</b>							\$	210	

**In State meal allowance**

- Breakfast \$12.25 (Allowable if leave at or before 7 am / return at 8 am or later)
- Lunch \$17.15 (Allowable if leave at or before 11 am /return at 2 pm or later)
- Dinner \$26.95 (Allowable if leave at or before 5 pm / return at 7 pm or later)
- All Day \$49.00 (Full day allowance)

Travel mode / other expenses	Amount
Private Vehicle (miles x 0.575c)	<b>\$120.75</b>
Airport parking	\$
Commercial Air Fare	\$
Taxi, bus, car rental, train, etc.	\$
Honorarium	\$
Lodging	\$
Meals (based on State allowance)	\$
Miscellaneous	\$
<b>Total</b>	<b>\$120.75</b>

For Office Use Only	
PCA:	
Grant:	
Fiscal Reviewer:	

Approved Travel:

\_\_\_\_\_  
Signature of Council Chair

\_\_\_\_\_  
Date