IDAHO DEPARTMENT OF JUVENILE CORRECTIONS

Non-IDJC Employee Travel and Expense Reimbursement Request

---Submit this form within ten (10) calendar days of return from travel status or expense---

State of Idaho Travel Policy and Procedures: <https://www.sco.idaho.gov/LivePages/State-Travel-Policy-and-Procedures.aspx>

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| **Requestor Information** |  |  |
| Name: | Payee (if other than requestor): | Official Work Location: |
| Private Vehicle License #: | Gov. or Agency Vehicle License #: | Payee Soc. Sec. # or FEI #: |
| Reason for Request or Purpose of Travel:  |

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| **TRAVEL EXPENSES WORKSHEET** |
| **Travel Dates** | **Destination** | **Time** | **Mileage** | **Meals\*** | **Lodging** |
| From | To | Leave | Arrive | Miles | B | L | D | Total | City | Amount |
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| **Totals** |   |   | Mileage Total: |  | Per Diem Total: |  | Lodging Total: |  |

\*Meals provided as part of a meeting or conference or restaurant-prepared meals provided by hotel are excluded. Light refreshments are not considered a meal.

Request for Reimbursement

**Note:** Must include all supporting documentation (e.g., receipts, maps, agendas, training request, etc.) when submitting reimbursement request.

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| **Expense** | **Amount** | **Account Code**(IDJC Fiscal Use) |
| Private Vehicle (miles x 0.655₵) | $ |  |
| Parking | $ |  |
| Commercial Airfare | $ |  |
| Taxi, bus, car rental, train, etc. | $ |  |
| Lodging | $ |  |
| Meals (based on State allowance) | $ |  |
| Miscellaneous | $ |  |
| **Total** | $ |  |

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| **In-State Meal Allowance** |
| Breakfast  | 25% ($13.75)-Allowable if leave at or before 7 am / return at 8 am or later |
| Lunch  | 35% ($19.25)-Allowable if leave at or before 11 am / return at 2 pm or later |
| Dinner | 55% ($30.25)-Allowable if leave at or before 5 pm / return at 7 pm or later |
| All Day | $55.00 -Full-day allowance |
| For out-of-state rates visit <https://www.gsa.gov/travel/plan-book/per-diem-rates> |

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| *By signing, I hereby certify that the amounts set out in the Request for Reimbursement are correct and just, and that I have not received previous payment.* |
| Signature of Requestor |  | Date |

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| **For IDJC Employee Use Only** | *Printed Name Department/Unit Phone Number Email Address* |
| Prepared by:Cost Center: |  |  |  |  |
|  | Project/Fund: |  | Date: |  |