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

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:		

TRAVEL EXPENSES WORKSHEET

Travel Dates	Destination		Time		Mileage	Meals*				Lodging	
	From	To	Leave	Arrive	Miles	B	L	D	Total	City	Amount
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

Expense	Amount	Account Code (IDJC Fiscal Use)
Private Vehicle (miles x 0.75¢)	$	
Parking	$	
Commercial Airfare	$	
Taxi, bus, car rental, train, etc.	$	
Lodging	$	
Meals (based on State allowance)	$	
Miscellaneous	$	
Total	$	

In-State Meal Allowance	
Breakfast	25% ($14.50) -Allowable if leave at or before 7 am / return at 8 am or later
Lunch	35% ($20.30) -Allowable if leave at or before 11 am / return at 2 pm or later
Dinner	55% ($31.90) -Allowable if leave at or before 5 pm / return at 7 pm or later
All Day	$58.00 -Full-day allowance
For out-of-state rates visit https://www.gsa.gov/travel/plan-book/per-diem-rates	

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

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

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