THE COLLEGE OF IDAHO

	IDAHO													
	EXPENSE REPORT													
Employee/Stu	ıdent Name:		Dept Name	e:				Dept Code:						
Date / /	Description of Expense		- Travel* r diem	Airfare/ Auto	Lodging	Personal Mileage**		Conference Expenses	Regist.	Meals Non- travel	Office Supplies	Other	AMOUNT	
		No.	Amount			Miles	Amount			travor				
TOTALS														
			62000	62000	62000		62000		62000	62040	61000			
PURPOS	E OF TRIP/EXPENDITURE	:							_	EXPEN	SE REPO	ORT SUMI	MARY	

PURPOSE OF TRIP/EXPENDITURE:		
EMPLOYEE/STUDENT SIGNATURE:	DEPT HEAD/SUPERVISOR APPROVAL:	
x	X	
*Per diem = \$46 for overnight travel	**Mileage = \$0.50/mile for personal	l vehicles
\$8 Breakfast - \$13 Lunch - \$25 Dinner	Proof of insurance required	d.
BUSINESS OFFICE USE ONLY		
BUDGETAPPROVAL:		VERIFIED:
X .	DATE:	X

EXPENSE REPORT SUMMARY	1		
TOTAL EXPENSES			
LESS:			
Cash Advances			
DUE:			
Employee/Student			
The College of Idaho (attach check)			

Attach all ORIGINAL receipts.

Copies of receipts are not acceptable.