THE COLLEGE OF IDAHO

EXPENSE REPORT

Employee/Student Name:	Dept Name:	Dept Code:

Date / /	Description of Expense	Meals- Travel*	Airfare/ Auto Exp	Lodging	Personal Mileage**		Regist	Meals Non-travel	Office Supplies	Other	AMOUNT
		62000	62000	62000	62000		62000	62040	61000		
						0.00					0.00
						0.00					0.00
						0.00					0.00
						0.00					0.00
						0.00					0.00
						0.00					0.00
						0.00					0.00
						0.00					0.00
						0.00					0.00
						0.00					0.00
						0.00					0.00
						0.00					0.00
TOTALS		0.00	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00

PURPOSE OF TRIP/EXPENDITURE:	
EMPLOYEE/STUDENT SIGNATURE:	DEPT HEAD/SUPERVISOR APPROVAL:
X	**X**

*Per diem= $46 (must be overnight travel); $8-Breakfast - $13-Lunch - $25 Dinner

**Mileage= .50 /mile (must be personal vehicle)

BUSINESS OFFICE USE ONLY		
BUDGET APPROVAL:		VERIFIED:
X	DATE:	**X**

EXPENSE REPORT SUMMARY	
TOTAL EXPENSES	0.00
LESS:	
Cash Advances	
DUE:	
Employee/Student	0.00
The College of Idaho (attach check)	

Please attach all ORIGINAL receipts

Copies of receipts will not be accepted rev. 11/21