THE COLLEGE OF IDAHO

EXPENSE REPORT

Employee/Student Name: | **Dept Name:** | **Dept Code:**

Date / /	Description of Expense	Meals - Travel* Per diem		Airfare/ Auto	Lodging	Personal Mileage**		Conference Expenses	Regist.	Meals Non-travel	Office Supplies	Other	AMOUNT
		No.	Amount			Miles	Amount						
							$ 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
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							$ 0.00						$ 0.00
							$ 0.00						$ 0.00
							$ 0.00						$ 0.00
							$ 0.00						$ 0.00
							$ 0.00						$ 0.00
TOTALS		0	$ 0.00	$ 0.00	$ 0.00	0.0	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
			62000	**62000**	**62000**		**62000**		**62000**	**62040**	**61000**		

PURPOSE OF TRIP/EXPENDITURE:

EMPLOYEE/STUDENT SIGNATURE: X

DEPT HEAD/SUPERVISOR APPROVAL: X

*Per diem = $46 for overnight travel
$8 Breakfast - $13 Lunch - $25 Dinner

**Mileage = $0.50/mile for personal vehicles
Proof of insurance required.

BUSINESS OFFICE USE ONLY

BUDGET APPROVAL: X

DATE:

VERIFIED: X

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

Attach all ORIGINAL receipts.
Copies of receipts are not acceptable.

rev. 7/14