Please use the budget template below to outline your expenses, personal contribution and external sources of funding.

THE COLLEGE OF IDAHO

High Impact Practice Awards

If attending a conference, attach conference itinerary and outline any meals provided. *Funds for meal requests or mileage reimbursements should align with the College's per diem rates listed below

Student Name:			Award Name:					TERM FUNDS REQUESTED FOR:					
Date / /	Description of Expense	Meals - Travel* Per diem		Airfare/ Auto	Lodging	Personal Mileage**		Conference Expenses	Regist.	Meals Non- travel		Other	AMOUNT
		No.	Amount			Miles	Amount						
TOTALS													

PURPOSE OF TRIP/EXPENDITURE:		
STUDENT SIGNATURE:	FACULTY Verification:	
x	X	
*Per diem = \$46 for overnight travel	**Mileage = \$0.50/mile for pers	onal vehicles
\$8 Breakfast - \$13 Lunch - \$25 Dinner	Proof of insurance requ	uired.
Committee Approvial		
		VERIFIED:
X	DATE:	X

EXPENSE REPORT SUMMARY					
TOTAL EXPENSES					
LESS:					
Other Areas of Contribution					
DUE:					
Student					
The College of Idaho (attach check)					
If this is a request for refund attach					

f this is a request for refund attach all ORIGINAL receipts. Copies of receipts are not acceptable.