

Idaho Juvenile Justice Commission & District Council Youth Member Request for Reimbursement / Honorarium

Agency: Idaho Department of Juvenile Corrections			Agency Code: 285				
Name:			City/Town of Residence:				
Private Vehicle License # (if used):		County Vehicle License # (if used):			Social Security Number:		
Purpose for request: <input type="checkbox"/> Attended District Council Meeting for District _____ <input type="checkbox"/> Attended Youth Committee Meeting <input type="checkbox"/> Attended Commission Meeting <input type="checkbox"/> Attended Youth Committee and Commission Meetings							
Date of Meeting(s)	Attendance (select one)						
	Partial Meeting	Full Meeting					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
Date of Travel (if applicable)	Starting Location	Leave Time	Ending Location	Arrive Time	Amount for Meals	Amount for Lodging	Miles Traveled
Total							

Expenses	Amount	Honorarium Allowance	
Private Vehicle (miles x 0.625¢)	\$	District Council Meeting	\$15 if present for 100% of meeting
Honorarium	\$	Youth Committee Meeting	\$15 if present for 100% of meeting
Lodging	\$	Commission Meeting	\$25 if present for 50-74% of meeting \$50 if present for 75-100% of meeting
Meals (based on state allowance)	\$	In-State Meal Allowance	
Miscellaneous	\$	Breakfast	\$13.75 (if leave at or before 7am / return at 8am or later)
Total	\$	Lunch	\$19.25 (If leave at or before 11am / return at 2pm or later)
		Dinner	\$30.25 (If leave at or before 5 pm / return at 7pm or later)
		All Day	\$55.00 (Full day allowance)

I hereby certify the information is true and correct, and that I have not previously received payment.

Signature _____

Date _____