

**IDAHO DEPARTMENT OF JUVENILE CORRECTIONS**  
**Non-IDJC Employee Travel and Expense Reimbursement Request**

---Submit this form within ten (10) calendar days of return from travel status or expense---

State of Idaho Travel Policy and Procedures: <https://www.sco.idaho.gov/LivePages/State-Travel-Policy-and-Procedures.aspx>

Requestor Information		
Name:	Payee (if other than requestor):	Official Work Location:
Private Vehicle License #:	Gov. or Agency Vehicle License #:	Payee Soc. Sec. # or FEI #:
Reason for Request or Purpose of Travel:		

TRAVEL EXPENSES WORKSHEET												
Travel Dates	Destination		Time		Mileage	Meals*				Lodging		
	From	To	Leave	Arrive	Miles	B	L	D	Total	City	Amount	
Totals	Mileage Total:					Per Diem Total:					Lodging Total:	

\*Meals provided as part of a meeting or conference or restaurant-prepared meals provided by hotel are excluded. Light refreshments are not considered a meal.

**Request for Reimbursement**

Expense	Amount	Account Code (IDJC Fiscal Use)
Private Vehicle (miles x 0.70¢)	\$	
Parking	\$	
Commercial Airfare	\$	
Taxi, bus, car rental, train, etc.	\$	
Lodging	\$	
Meals (based on State allowance)	\$	
Miscellaneous	\$	
<b>Total</b>	\$	

In-State Meal Allowance	
Breakfast	25% (\$14.50) -Allowable if leave at or before 7 am / return at 8 am or later
Lunch	35% (\$20.30) -Allowable if leave at or before 11 am / return at 2 pm or later
Dinner	55% (\$31.90) -Allowable if leave at or before 5 pm / return at 7 pm or later
All Day	\$58.00 -Full-day allowance
For out-of-state rates visit <a href="https://www.gsa.gov/travel/plan-book/per-diem-rates">https://www.gsa.gov/travel/plan-book/per-diem-rates</a>	

**Note:** Must include all supporting documentation (e.g., receipts, maps, agendas, training request, etc.) when submitting reimbursement request.

*By signing, I hereby certify that the amounts set out in the Request for Reimbursement are correct and just, and that I have not received previous payment.*

Signature of Requestor	Date
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For IDJC Employee Use Only				
Printed Name	Department/Unit	Phone Number	Email Address	
Prepared by:				
Cost Center:	Project/Fund:	Date:		