

THE COLLEGE OF IDAHO EXPENSE REPORT

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Employee/Student Name:	
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Dept Name:

Dept Code:

[illegible]

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= .70/mile (must be personal vehicle)

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

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

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

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

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

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

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

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Please attach all ORIGINAL receipts
Copies of receipts will not be accepted rev. 11/25

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