



Idaho Board of Alcohol/Drug Counselor Certification, INC.

**TRAVEL EXPENSE FORM**

All expenses must have receipts in order for them to be paid except for mileage. Fax this form with all supporting documentation to 208.466.7693.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF TRAVEL: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

DESTINATION:

FROM \_\_\_\_\_ TO \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

**EXPENSES**

**AMOUNT**

AIRFARE = \$ \_\_\_\_\_

MILEAGE \_\_\_\_\_ X 57.5 cents per mile = \$ \_\_\_\_\_

LODGING = \$ \_\_\_\_\_

MEALS = \$ \_\_\_\_\_

TAXI/SHUTTLE = \$ \_\_\_\_\_

RENTAL CAR = \$ \_\_\_\_\_

MISCELLANEOUS = \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT**  
**(Please Add sub totals) = \$ \_\_\_\_\_**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_