STATE OF IDAHO DEPARTMENT OF HEALTH & WELFARE

MEALS: Up to a maximum of $45.00 per day or, if you are not claiming the full day, use the following breakdown: ***up to $11.25 for Breakfast (must depart home 7:00 a.m. or before to claim breakfast); $15.75 for Lunch; $24.75 for Dinner (if your arrival/return time home is 7:00 p.m. or later or your departure is before 5:00 p.m.).*** ***Must have Travel Departure Time and Travel Arrival Time filled in.*** Meals can not be reimbursed for same day travel to and from meetings.
LODGING: Actual cost of room only-Hotel will direct bill the DHW/Division of Family & Community Services, P.O. Box 83720, 5th Floor, Boise, 83720-0036.
TRANSPORTATION: Actual cost of airfare (*Receipt with reference of last four digits of CC charged).* Only *personal auto* mileage will be reimbursed at *$0.54 per mile (according to the state mileage chart)*; cabs, parking, etc. (***receipts required***)

Please complete the following and return to
Karla Kinzel, DHW/Family & Community Services, PO Box 83720, 5th Floor, Boise , ID 83720-0036 (208-332-7330 Fax)

NAME: _____ **DATES:** _____

ADDRESS: _____ **SSN:** _____

CITY/ST/ZIP: _____ **DAYTIME PHONE:** _____

DATE	FROM	TO	TIME DEPARTED	TIME ARRIVED	MILES	B	L	D	MEALS	LODGING
					Total: x .54=		**TOTAL =**			

Car license #: _____ ***(If you drove your personal automobile and are requesting reimbursement for mileage.)***

List miscellaneous expenditures here:

Date	Item	Amount
		$
		$
		$
Total:		$

GRAND TOTAL: $_____

SIGNATURE: _____

I hereby certify the travel expenses listed here are correct and just and I have not otherwise received payment.

DATE: _____