



# Idaho Music Educators Association

## Travel Expenses



NAME: \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Purpose of Travel:  IMEA Board Meeting  All-State In-Service Conference  All-State Honor Groups  
 MENC National Assembly  State Solo  Other \_\_\_\_\_

Starting Date/Time of Meeting: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Ending Date/Time of Meeting: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**NOTE: Please read Travel Policy on reverse side. Reimbursement will be made in accordance with these policies and must be submitted within 30 days.**

<b>A. TRANSPORTATION EXPENSES INCLUDING TIPS</b>				
From	To	Air, Auto – (\$.40 per mile), Limousines to and from Airport, Tips, Parking, etc.	Amount	
			\$	
			\$	
			\$	
			\$	
A. Total Transportation			\$	

<b>B. ITEMIZE ALL OTHER ROOM AND BOARD EXPENSES INCURRED</b>						
Date	Breakfast	Lunch	Dinner	Hotel	Daily Total	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
B. Total Room & Board					\$	

Total Expenses (A & B) \$  

Total Amount Due from IMEA \$  

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only	
Account:	\$
Account:	\$
Account:	\$

**PLEASE SUBMIT EXPENSES  
WITHIN 30 DAYS AND ATTACH  
RECEIPTS OR COPIES OF BILLS**