



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.

A. TRANSPORTATION EXPENSES INCLUDING TIPS				
From	To	Air, Auto – (\$.31 per mile), Limousines to and from Airport, Tips, Parking, etc.	Amount	
			\$	
			\$	
			\$	
			\$	
A. Total Transportation			\$	

B. ITEMIZE ALL OTHER ROOM AND BOARD EXPENSES INCURRED						
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:	\$
Account:	\$

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