



CITY OF IDAHO FALLS 2019-20 EXPENSE STATEMENT

TRAVELER(S): _____

TRIP NUM: _____

COST CODE: _____ = %

DEPARTMENT: _____

_____ = %

Transportation Expenses (A) Airfare, (CC) City car fuel, (R) Rental, (S) shuttle, (T) Taxi (PC Personal Car)

Date	Departure Time	From	To	Arrival Time	Type	Amount
Total Transportation:						\$0.00

Meals: (fill in each meal amount & number of travelers)

Date	Breakfast	Lunch	Dinner	Daily Total	# of Travelers
				0.00	1
				0.00	1
				0.00	1
				0.00	1
				0.00	1
				0.00	1
				0.00	1
				0.00	1

Please mark provided meals with a "P"

Amount	
\$ -	
\$ -	
\$ -	
\$ -	
\$ -	
\$ -	
\$ -	
\$ -	
Total Meals:	\$0.00

Per Diem Allowance: <http://www.gsa.gov/portal/content/104877>

(Click on link above to find per diem amount)

2019-2020 City Breakdown	\$51	\$54	\$59	\$64	\$69	\$74
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Meal guidelines of trips more than a single day:

Breakfast-Departure 7:00 a.m. or before. Return 8:00 a.m. or after.

Lunch - Departure 11:00 a.m. or before. Return 2:00 p.m. or after.

Dinner - Departure 5:00 p.m. or before. Return 7:00 p.m. or after.

Lodging Expenses: *(Itemized daily)*

Dates	Hotel Name	Amount
Total Lodging:		\$0.00

Miscellaneous Expenses: *(Registration, Taxi, Shuttle, Bags, etc.)*

Date	Explanation	Amount
Total Miscellaneous:		\$0.00

Comments:

Summary of Expenses:

TOTAL EXPENSES: _____

- Ck#
- Ck#
- Ck#
- Ck#
- Ck#
- Ck#
- Ck#
- Ck#

(+) = Amount Due Traveler OR (-) = Amount Due City **TOTAL AMOUNT DUE:** _____

Check # or Receipt #

Traveler's Signature

Date

Department Director Approval

Date