



**TRAVEL COSTS** (At \$.455/mile)

<u>TRAVEL COSTS</u> (At \$.455/mile)				<u>MEALS</u>				<u>LODGING EXPENSES</u>		<u>POSTAGE EXPENSES</u>			
Date	From Place	To Place	Miles	Meals (√box)			\$ Total	Lodging (attach receipts)		Postage Expenses (attach receipts)			
				B	L	D		City	Amount	Item	Amount		
<b>TOTALS:</b> ▶				<b>Total Miles</b> _____				<b>Total Meals</b> _____		<b>Total Lodging</b> _____		<b>Total Postage Expenses:</b> _____	

(Enter all totals on page 3, too)

Vehicle License Plate \_\_\_\_\_

**MISCELLANEOUS OFFICE EXPENSES**

Date	Vendor/Store	Item Purchased (Attach receipts)	Cost

**TRAVEL TIMES AND MEAL ALLOWANCES**

To claim, you must stay overnight and depart before:

7:00 a.m.	Breakfast	\$ 7.50
11:00 a.m.	Lunch	\$ 10.50
5:00 p.m.	Dinner	\$ 16.50

To claim, you must return later than:

8:00 a.m.	Breakfast	\$ 7.50
2:00 p.m.	Lunch	\$10.50
8:00 p.m.	Dinner	\$16.50

Maximum daily per diem claim is \$30.00 (Idaho)

**TOTAL MISCELLANEOUS OFFICE EXPENSES:** \$ \_\_\_\_\_ (Enclose receipts)

**SUMMARY:**

Investigative Hourly Costs - (hours x \$25): .....\$ \_\_\_\_\_

Travel Hourly Costs - (hours x \$25): ..... \$ \_\_\_\_\_

**(5170)** Total Investigative Costs: ..... \$ \_\_\_\_\_ (Sum of two previous amounts)

Total Mileage Costs (miles x \$ .455 per mile): ..... \$ \_\_\_\_\_

Meals (per diem) Total: ..... \$ \_\_\_\_\_

Total Lodging Expenses: ..... \$ \_\_\_\_\_

**(5990)** Total Mileage, Meals & Lodging Expenses: ..... \$ \_\_\_\_\_ (Sum of three previous amounts)

**(5410)** Miscellaneous Office Expenses:..... \$ \_\_\_\_\_

**(5020)** Postage Expenses: .....\$ \_\_\_\_\_

**Total Claim:** \$ \_\_\_\_\_ (Sum of above 4 lines)  
**(Also enter amount at top of page 1)**

*I hereby certify that the above investigation was performed, that such travel was necessary, and the amounts claimed are legally due. It is agreed that claimant performed the above services as an independent contractor and no employee/employer relationship is established. Further, the above services were performed with full knowledge and consent of claimant's regular employer.*

Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

POST Academy  
700 S Stratford Drive  
Meridian, ID 83642-6202  
208-884-7250, Fax 208-884-7295  
<http://www.idaho-post.org/forms.htm>

OPR Manager's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Division Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. Date 11/10/2010 RB for MD