



# Instructor Fee and/or Travel Expenses Claim for Reimbursement

\*\*Separate Claim Reimbursement Form Required for Each Academy\*\*

**Fill out both sides of form.**

- (50072) [ ] Patrol    (50172) [ ] In-Service    (50272) [ ] Detention    (50372) [ ] Dispatch    (50472) [ ] Correction    (50772) [ ] Adult Misd Probation  
 (50872) [ ] Felony P & P

Contract Number: \_\_\_\_\_ Date of Claim: \_\_\_\_\_ **TOTAL REIMBURSEMENT \$** \_\_\_\_\_  
 (Total Travel + Total Instructor Fee)

Instructor: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**INSTRUCTOR FEES**

Date	Subject Taught	Location	From (Civilian Time)	To (Civilian Time)	Hours

Wage per hour X Total hours = **TOTAL INSTRUCTOR FEE**

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

Travel Expense on back page.  
*Back page must be signed and dated.*

- [ ] Instructor
- [ ] Scenario Role Player
- [ ] Scenario Dispatcher
- [ ] Scenario Assistant Grader
- [ ] Scenario Grader

**(Use separate reimbursement form for each role.)**

## TRAVEL EXPENSES

**\*Travel Times and Meal Allowances:**

**Breakfast:** If the actual departure time is 7:00 a.m. or before, or if the return time is 8:00 a.m. or after. (\$13.75)

**Lunch:** If the actual departure time is 11:00 a.m. or before, or if the return time is 2:00 p.m. or after. (\$19.25)

**Dinner:** If the actual departure time is 5:00 p.m. or before, or if the return time is 7:00 p.m. or after. (\$30.25)

\* If cafeteria is available for dinner, reimbursement will be at cafeteria rate of \$10.04.

If your city is not on the Idaho Transportation Department State Travel Mileage chart, odometer readings must be used for reimbursement.

**The mileage from home must be 50 miles or more one way to be eligible for reimbursement.**

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

<u>Date</u>	<u>Destination</u>		<u>Civilian Time</u>			<u>Meals</u>			
	<u>From</u>	<u>To</u>	<u>Dep.</u>	<u>Arr.</u>	<u>Miles</u>	<u>B</u>	<u>L</u>	<u>D</u>	<u>Total</u>

Miles = \_\_\_\_\_

Total Miles @ 0.56/mile = \$ \_\_\_\_\_ Total Meals \$ \_\_\_\_\_

**TOTAL TRAVEL \$** \_\_\_\_\_ **+ TOTAL INSTRUCTOR FEE \$** \_\_\_\_\_ **= TOTAL REIMBURSEMENT \$** \_\_\_\_\_

(5990) (5170)

I hereby certify that the above instruction 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.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_