Instructor Fee and/or Travel Expenses
Claim for Reimbursement
Separate Claim Reimbursement Form Required for Each Academy

Fill out both sides of form.

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

(50872)   (51072)
[ ] Felony P & P   [ ] Core

Contract Number: _____ Date of Claim: _____ **TOTAL REIMBURSEMENT $**_____

(Total Travel + Total Instructor Fee)

Instructor: _____ Department: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Social Security: _____

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 _____ = $ _____

[ ] **Instructor**
[ ] **Scenario Role Player**
[ ] **Scenario Dispatcher**
[ ] **Scenario Assistant Grader**
[ ] **Scenario Grader**
(Use separate reimbursement form for each role.)

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

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. **($7.50)**
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.   **($10.50)**
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.   **($16.50)**
* If cafeteria is available for dinner, reimbursement will be at cafeteria rate of $7.50.

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 25 miles or more one way to be eligible for reimbursement.

Vehicle License Plate # _____

Date	Destination		Civilian Time			Meals				Vicinity Travel: Mileage From Odometer Readings
	From	To	Dep.	Arr.	Miles	B	L	D	Total	

Miles = _____   Vicinity Miles = _____

Miles + Vicinity Miles = _____

Total Miles @ 0.455/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: _____

700 South Stratford Drive, Meridian, ID 83642   Phone: 208-884-7250 or 208-884-7292, Fax: 208-884-7309
Web site: http://www.post.idaho.gov