

TRAVEL COSTS (At \$.535/mile)

<u>TRAVEL COSTS</u> (At \$.535/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
TOTALS: ▶			Total Miles _____	Total Meals _____			Total Lodging _____		Total Postage Expenses: _____		

(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	\$ 11.25
11:00 a.m.	Lunch	\$ 15.75
5:00 p.m.	Dinner	\$ 24.75

To claim, you must return later than:

8:00 a.m.	Breakfast	\$ 11.25
2:00 p.m.	Lunch	\$ 15.75
8:00 p.m.	Dinner	\$ 24.75

Maximum daily per diem claim is \$45.00 (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 \$ 0.535 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
<https://post.idaho.gov/Forms/forms.html>

OPR Manager's Approval: _____ Date: _____

Division Administrator Approval: _____ Date: _____