				OLLEGE (XPENSE RE		10						
Employee/Stu	ident Name:		□ Dept Name:		PUNI			Dept Code:				
Date / /	Description of Expense	Meals - Travel* Per diem		Airfare/ Auto	Lodging	Personal Mileage**		Regist.	Meals Non-travel	Office Supplies	Other	AMOUNT
		No.	Amount			Miles	Amount					
TOTALS												
			62000	62000	62000		62000	62000	62040	61000		

PURPOSE OF TRIP/EXPENDITURE:		
EMPLOYEE/STUDENT SIGNATURE:	DEPT HEAD/SUPERVISOR APPR	ROVAL:
x	Х	
*Per diem = \$46 for overnight travel	**Mileage = \$0.50/mile	for personal vehicles
\$8 Breakfast - \$13 Lunch - \$25 Dinner	Proof of insura	nce required.
BUSINESS OFFICE USE ONLY		
BUDGET APPROVAL:		VERIFIED:
x	DATE:	X

EXPENSE REPORT SUMMARY			
TOTAL EXPENSES			
LESS:			
Cash Advances			
DUE:			
Employee/Student			
The College of Idaho (attach check)			
Attach all ORIGINAL receipts.			

Copies of receipts are not acceptable.