



Idaho Music Educators Association

Mentor: Travel Reimbursement



NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

Purpose of Travel: _____

Starting Date/Time of Mentoring: Date: _____ Time: _____

Ending Date/Time of Mentoring: Date: _____ Time: _____

NOTE: Form must be submitted within 30 days.

A. TRANSPORTATION EXPENSES (Actual Expenses)				
From	To	Auto – Mileage (\$.56 per mile)	Amount	
			\$	
			\$	
			\$	
			\$	
A. Total Transportation			\$	

B. ITEMIZE ALL OTHER ROOM AND BOARD EXPENSES INCURRED (Actual Expenses)						
Date	Breakfast	Lunch	Dinner	Hotel	Daily Total	
<i>In-State Rate</i>	<i>\$12.25 max.</i>	<i>\$17.15 max.</i>	<i>\$26.95 max.</i>	-----	-----	-----
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
B. Total Room & Board					\$	
Total Expenses (A & B)					\$	

Total Amount Due from IMEA \$ _____

Signature: _____

Date: _____

Mentor's signature affirms expense claim is accurate.

For Office Use Only	
Account:	\$
Account:	\$
Account:	\$

**PLEASE SUBMIT EXPENSES
WITHIN 30 DAYS AND ATTACH
RECEIPTS OR COPIES OF BILLS**

Mail completed form and attached receipts to: Idaho Music Educators Association, Karen A. Randolph, Executive Director, 1412 Clearwater Way, Twin Falls, ID 83301. Questions? Email: executive.director.imea@gmail.com