

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

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

Instructor: _____ Department: _____

Home Address: _____

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

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.

TRAVEL EXPENSES

***Travel Times and Meal Allowances:**

Depart before 7:00 am & return after 8:00 am for breakfast @ \$7.50

Depart before 11:00 am & return after 2:00 pm for lunch @ \$10.50

Depart before 5:00 pm & return after 7:00 pm for dinner @ \$16.50

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

The mileage must be 15 miles or more to be eligible for reimbursement.

Departing Odometer Reading	Arriving Odometer Reading	Total Miles

Total Miles = _____

Vehicle License Plate # _____

Date	Destination		Civilian Time			Meals				Lodging		Other Costs	
	From	To	Dep.	Arr.	Miles	B	L	D	Total	City	Amt.	Item	Amt.

Total Miles = _____

Total Miles @ .505/mile \$ _____ Total Meals \$ _____ Total Lodging \$ _____ Total Other \$ _____

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: _____

P.O. Box 700, Meridian, ID 83680-0700 Phone: 208-884-7250 or 208-884-7292, Fax: 208-884-7309

Web site: <http://www.idaho-post.org/forms.htm>