

# IDAHO INTERNET CRIMES AGAINST CHILDREN STATE UNIT

## REQUEST FOR TRAVEL REIMBURSEMENT TRAVEL MUST BE APPROVED IN ADVANCE

(Please print on **tan** paper.)

### TRAVELER/DESTINATION INFORMATION

Traveler Name: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Purpose/Case Name: \_\_\_\_\_

Destination: \_\_\_\_\_ Training/Conference Title: \_\_\_\_\_

Date departing for destination: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM Return date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

If any meals were provided during your travel, please indicate meal and date: (Per diem will be reimbursed per State Travel Policy.)

Date:									
Breakfast									
Lunch									
Dinner									

If you attended training, please attach a copy of the training agenda.

### EXPENSE INFORMATION

Expense	Receipt	Amount
Hotel/Motel*		
Airline*		
Per Diem		
Car Rental*		
Fuel*		
Registration Fee(s)*		
Shuttle and/or Taxi Fee(s)**		
Parking**		
Other*:		
Other*:		
<b>Total Expenses</b>		

\*These receipts are required for all reimbursements, including direct bill.

**Original receipts must be attached.** If original receipt is not available, attach a copy with an explanation below.

**\*\*If receipts are not available for shuttle, taxi, or parking fees, you must note reasons and sign below.**

I hereby certify that receipts for the following expenses necessary in the public service are not available:

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

### ADDITIONAL NOTES OR COMMENTS:

Reimbursement to be paid to: \_\_\_\_\_ Traveler \_\_\_\_\_ or \_\_\_\_\_ Agency \_\_\_\_\_

ICAC Fund to be Charged: \_\_\_\_\_ (10129) ICAC Unit \_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chief

\_\_\_\_\_  
Date