



IMD Expense Report

Name: _____ Date(s): _____

Reason for Trip : _____

- **Lodging**

- Reimbursement
 - Amount _____
 - Receipt attached

○ Total Lodging _____

- **Mileage**

- 2019-20 IMD rate is .50
 - Miles _____ x .50

○ Total Mileage _____

- **Meals- Head Coach**

- Breakfast \$10, Lunch \$15, Dinner \$25
 - Breakfast x _____
 - Lunch x _____
 - Dinner x _____

○ Total Meals _____

- **Meals- Staff Coach**

- Breakfast \$8, Lunch \$10, Dinner \$20
 - Breakfast x _____
 - Lunch x _____
 - Dinner x _____

○ Total Meals _____

- **Other**

- Other: _____

○ Total Other _____

○ **Grand Total** _____

Signature: _____ Date: _____