



## IMD Expense Report

Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Reason for Trip : \_\_\_\_\_

- **Lodging**

- o Reimbursement

- Amount \_\_\_\_\_

- Receipt attached

- o Total Lodging \_\_\_\_\_

- **Mileage**

- o 2023-24 IMD rate is .655

- Miles \_\_\_\_\_ x .655

- o Total Mileage \_\_\_\_\_

- **Meals-**

- o Breakfast \$15, Lunch \$20, Dinner \$25

- Breakfast x \_\_\_\_\_

- Lunch x \_\_\_\_\_

- Dinner x \_\_\_\_\_

- o Total Meals \_\_\_\_\_

- **Other**

- o Other: \_\_\_\_\_

- \_\_\_\_\_

- o Total Other \_\_\_\_\_

- o **Grand Total** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_