

IDAHO SENIOR GAMES EXPENSE REIMBURSEMENT REQUEST

Date _____

Name _____

Address _____

Email _____ Phone # _____

<u>Date</u>	<u>Description</u>	<u>Vendor</u>	<u>Amount</u>
	<u>Mileage - Destination and Purpose</u>		<u>Miles</u>
		Total Miles	
		X IRS Rate**	
			\$

** 2018 IRS mileage rate is 14 cents for charitable organizations

Total Reimbursement \$

Attach receipts or other documentation

Signed _____ Date _____

For Office Use: Check # _____ Date _____ By _____