



IMD Expense Report

Name: _____ Date(s): _____

Reason for Trip : _____

- **Lodging**

- Reimbursement

- Amount _____

- Receipt attached

- Total Lodging _____

- **Mileage**

- 2021-22 IMD rate is .58

- Miles _____ x .58

- 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: _____