



IMD Expense Report

Name: _____ Date(s): _____

Reason for Trip : _____

- **Lodging**

- Reimbursement

- Amount _____
 - Receipt attached

Total Lodging _____

- **Mileage**

- 2022-23 IMD rate is .625

- Miles _____ x .625

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: _____